01. AGREEMENT TO COMPENSATE CODE – DN0075

Definition: A code identifying the condition under which medical and/or indemnity benefits are being paid.
Orig/Rev: 08/09/95, 07/01/97, 11/02/15
Record: R21, A49
Format: 1 A/N
Values: **L = With Liability**: The claim administrator has accepted the claim and is paying for medical and/or indemnity in conjunction with the Claim Type Code reported, as defined by jurisdiction.
Note: Some jurisdictions may permit a denial to be filed after a "With Liability" Code L. Refer to jurisdiction's requirement tables.
W = Without Liability: The claim administrator has not yet accepted the claim and is voluntarily paying for medical and/or indemnity benefits for a statutorily defined period of time in conjunction with the Claim Type Code reported.
DP Rule: This DN should not be required with a Claim Type Code: N – Notification of Incident Only, or a FROI or SROI MTC 04 – Full Denial. For claims originally sent in with value W, some jurisdictions will require a final decision on liability at some time before the claim closes. This final decision will either be a change to Agreement to Compensate Code L - With Liability, or a Full Denial (MTC 04).

02. ANTICIPATED WAGE LOSS INDICATOR – DN0201

Definition: An indicator that Temporary Partial Disability benefits are anticipated to be owed, but the claim administrator has not yet received the required wage documentation in order to make payment(s).
Orig/Rev: 11/30/06
Record: R22
Format: 1 A/N
Values: Y = Yes
N = No

03. AVERAGE WAGE – DN0286

Definition: The employee's pre-injury wage for the wage period as statutorily defined by the jurisdiction, including discontinued fringes and concurrent employer wages, if any.
Orig/Rev: 03/11/94, 07/01/97, 04/24/03, 04/28/04
Record: R22
Format: $9.2
DP Rule: This amount may include commissions, piecework earnings, and other forms of income converted to a normal scheduled workweek, plus the estimated value of lodging, food, laundry and other payments in kind, as per jurisdictional requirements.

04. AWARD/ORDER DATE – DN0299

Definition: The date associated with an award, order, settlement, or agreement as defined by the jurisdiction.
Orig/Rev: 04/30/04, 02/24/05
Record: R22
Format: 8 DATE
DP Rule: If required on a transaction, the most recent Award/Order Date should always be reported. If a jurisdiction does not accept all MTC's, it is possible that they will not receive all Award/Order Dates.
Jurisdictions requiring this data element should include in their Trading Partner Tables (all that apply):

- description of the type of award, order, settlement, or agreement and the resulting filing requirements on their Event Table.
- description of the conditions that cause the element to be required on their Element Requirement Table.
- description of the data expected in the field on their Edit Matrix.

05. BENEFIT PAYMENT ISSUE DATE - DN0192

Definition: For IP, AP, PY, RB: The date that the check that initiated the MTC is officially surrendered during business hours to a letter delivery organization, is available for pickup per agreement with the employee, or the date the funds are made available to the employee via electronic funds transfer (EFT). For Sx MTC's, the Benefit Payment Issue Date is the date the last indemnity check was issued or the date the EFT funds were made available to the employee prior to the suspension. For CO transactions that have an MTCC of IP, AP, PY, or RB: the date of the check or the date of EFT funds availability that initiated the IP, AP, PY, or RB that received a TE acknowledgment code.

Orig/Rev: 03/01/06, 7/30/13
Record: R22
Format: 8 DATE

DP Rule: The Benefit Payment Issue Date is in the Benefits Segment. The equivalent of this data element in the Payments Segment is Payment Issue Date (DN0195). Refer to Variable Segment Population Rules (Benefits Segment and Payments Segment) in Section 4. The Steering Committee/EDI Council directed that Payment Issue Date (DN0195) (and the corresponding Benefit Payment Issue Date DN0192) was established for specified transactions only (IP, AP, PY, RB, Sx or any corresponding 02 or CO for those specified Maintenance Type Codes) and that individual weekly check information would not be reported.

For IP, AP, RB MTC's when No Payment Due - No Payment Issued - When no payment is due the claimant because Actual Reduced Earnings (DN0124), Deemed Reduced Earnings (DN0147) and/or Benefit Adjustment Weekly Amount(s) (DN0093) have resulted in a Net Weekly Amount (DN0087) of zero, the MTC Date should be used as the Benefit Payment Issue Date.

06. BENEFIT PERIOD START DATE – DN0088

For non-acquired claims: For all MTC's that are initiating or reinstating a Benefit Type Code (AB, IP, RB, EP, ER, CB): The Benefit Period Start Date is the first date of the uninterrupted period of benefit payments that corresponds to the Benefit Type Code.

For MTC's that are not initiating or reinstating a Benefit Type Code (Sx, Px, PY, CA, RE, PD, CO, FN, AN, BM, BW, MN, QT, SA, UR, and 04 if preceded by payment): The Benefit Period Start Date is the earliest date for that Benefit Type Code regardless of whether multiple benefit periods have been paid for that Benefit Type Code.

For acquired claims: For MTC AP or other initiating or reinstating MTC sent directly after MTC AQ or AU, the Benefit Period Start Date is the first date of the uninterrupted period of benefit payments or employer paid salary after acquisition that corresponds to the Benefit Type Code.

If an AB, RB, EP, ER or CB is due after the initiating SROI on an acquired claim, the Benefit Period Start Date is the first date of the uninterrupted period of benefit payments that corresponds to the Benefit Type Code after acquisition.

For MTC's that are not initiating or reinstating a Benefit Type Code (Sx, Px, PY, CA, RE, PD, CO, FN, AN, BM, BW, MN, QT, SA, UR, and 04 if preceded by payment): The Benefit Period Start Date is the earliest date for that Benefit Type Code reported by the acquiring claim administrator, regardless of whether multiple benefit periods have been paid for that Benefit Type Code

06. BENEFIT PERIOD START DATE – DN0088 (continued)

Orig/Rev: 03/11/94, 07/1/97, 04/26/03, 03/15/05, 11/22/05, 01/01/08, 10/13/15
Record: R22
Format: 8 DATE
DP Rule: One per Benefit Type Code used. Benefit Period Start Date should not be edited on full or partial settlements as they may vary considerably from one claim administrator to the other. The Benefit Period Start Date may be prior to the acquisition date if the acquiring claim administrator issued payment(s) for a period of time in which the file was handled by the previous claim administrator.

07. BENEFIT PERIOD THROUGH DATE – DN0089

Definition: For all MTC's that are initiating or reinstating a Benefit Type Code (AB, AP, IP, RB, EP, ER, CB): The Benefit Period Through Date is the latest date of the uninterrupted period of benefit payments that corresponds to the Benefit Type Code.
For MTC's that are not initiating or reinstating a Benefit Type Code (Sx, Px, PY, CA, RE, PD, CO, FN, AN, BM, BW, MN, QT, SA, and UR): The Benefit Period Through Date is the latest date for that Benefit Type Code regardless of whether multiple benefit periods have been paid for that Benefit Type Code.
Orig/Rev: 03/28/94, 07/1/97, 04/26/03
Record: R22
Format: 8 DATE
DP Rule: One per Benefit Type Code used. Benefit Period Through Date should not be edited on full or partial settlements as they may vary considerably from one claim administrator to the other. Benefit Period Through Date may be a future date if Permanent Partial Scheduled Benefits (030 or 530) are paid in a lump sum.

08. BENEFIT TYPE AMOUNT PAID – DN0086

Definition: The cumulative paid to date amount for the Benefit Type Code(s) being reported. For acquired claims, the Benefit Type Amount Paid will be the cumulative paid to date amount by the acquiring claim administrator.
Orig/Rev: 03/11/94, 07/01/97, 04/24/03, 02/24/05, 03/15/05
Record: R22
Format: $9.2
DP Rule: One per Benefit Type (DN0085) Code used. Not required for Benefit Type Code 240.

09. BENEFIT TYPE CLAIM DAYS – DN0091

Definition: The residual number of days after determining the Benefit Type Claim Weeks (DN0090).
For acquired claims, the Benefit Type Claim Days will be the residual number of days after determining the Benefit Type Claim Weeks paid by the acquiring claim administrator.
Orig/Rev: 03/11/94, 07/01/97, 04/24/03, 02/8/05, 02/24/05, 03/15/05, 11/22/05
Record: R22
Format: 1 N
Values: 0 through 6
DP Rule: One per Benefit Type Code used. Benefit Type Claim Days may not be required for Benefit Type Code 240, full or partial settlements, or lump sum payments with a Benefit Type Code of 5XX.

10. BENEFIT TYPE CLAIM WEEKS – DN0090

Definition: The cumulative number of whole weeks paid for a Benefit Type Code (DN0085) for all benefit periods.
For acquired claims, the Benefit Type Claim Weeks will be the cumulative number of whole weeks paid for a Benefit Type Code by the acquiring claim administrator.
Orig/Rev: 03/11/94, 07/01/97, 04/24/03, 02/8/05, 02/24/05, 03/14/05, 11/22/05
Record: R22
Format: 4 N
DP Rule: One per Benefit Type Code used. Benefit Type Claim Weeks may not be required for Benefit Type Code 240, full or partial settlements, or lump sum payments with a Benefit Type Code of 5XX.

11. BENEFIT TYPE CODE – DN0085

Definition: A code identifying the payment being made.
Orig/Rev: 09/16/94, 07/01/97, 04/26/03, 02/8/05, 04/07/15
Record: R22
Format: 3 A/N
Values: **010 = Fatal**
Benefits paid or payable for the death of the claimant resulting from a work-related accident or occupational injury or disease.

020 = Permanent Total
Benefits paid or payable for the loss of or the permanent loss of use of any body part or function, which renders the claimant unable to engage in any employment or occupation.

021 = Permanent Total Supplemental
Benefits paid to supplement permanent total benefits.

030 = Permanent Partial Scheduled
Benefits paid or payable as established by a statutory list (schedule) of payments for certain injuries. The benefit amount is determined by the part of body that was injured subject to limitations set forth in the statute. This includes:

Wage loss without impairment – (Florida - accident dates of 08/01/79 through 12/31/93) Benefits paid or payable for injuries not resulting in permanent disability, but with an impairment rating of at least 1% and post-injury wages of less than 80% of the pre-injury wage.

Impairment income benefits – (Florida - accident dates 01/01/94 and subsequent) Paid scheduled Impairment Benefits on permanent partial claims.

Supplemental earnings without permanent partial – (Louisiana - accident dates of 07/01/83 and subsequent) Benefits paid or payable for injuries, which are not covered by permanent partial schedule that cause wage loss of at least 10%.

Scheduled Disabilities – Benefits paid or payable for injuries that specifically appear on the schedule.

Economic Recovery – (Minnesota - Accident dates of 01/01/84 and subsequent) Benefits paid or payable for permanent partial injuries not covered in the schedule.

11. BENEFIT TYPE CODE – DN0085 (continued)

040 = Permanent Partial Unscheduled
Benefits paid or payable for injuries to parts of the body not covered by a schedule. These benefits are payable for the claimant's actual wage loss or reduction in wage earning ability, subject to limitations set forth in the statute. This includes:

Supplemental Income Benefits - (Florida - accident dates of 01/01/94 through 9-30-03) Paid supplemental benefits after the expiration of Scheduled Impairment benefits on Permanent Partial claims.

Supplemental Earnings and Permanent Partial – (Louisiana - accident dates of 07/01/83 and subsequent) Benefits paid or payable for the anatomical loss of use of 25% loss of physical function of a member, in addition to permanent partial benefits.

Other Partial Disability – Benefits paid or payable for injuries not appearing on the schedule.

050 = Temporary Total
Benefits paid or payable for the period during which the claimant is unable to perform any work for pay as a result of disability from which that individual can be expected to fully recover, and which period precedes the date of maximum medical improvement.

051 = Temporary Total Catastrophic
Temporary Total Benefits (defined in 050 above) paid for catastrophic injuries.

070 = Temporary Partial
Benefits paid or payable for the period during which the claimant, as a result of disability from which he/she is expected to fully recover, is unable to perform work for his/her regular pay, but is receiving or is entitled to receive a reduced rate of pay, and which period precedes the date of maximum medical improvement.

080 = Employers Liability
Reports the indemnity loss portion of Employer's Liability.

090 = Permanent Partial Disfigurement
Benefits paid or payable for any scarring or cosmetic defect.
Includes:

Impairment Without Wage Loss - (Florida - accident dates of 08/01/79 through 12/31/93) Benefits paid or payable for amputation, loss of 80% or more of vision of either eye after correction, or serious facial or head disfigurement resulting from an injury, not resulting in a Permanent Total award without any wage loss benefits.

Permanent Partial Without Supplemental Earnings – (Louisiana - accident dates of 07/01/83 and subsequent) Benefits paid or payable for permanent partial injuries without supplemental earnings.

Impairment Compensation – (Minnesota - accident dates of 01/01/84 and subsequent) Benefits paid or payable for scheduled permanent partial injuries.

11. BENEFIT TYPE CODE – DN0085 (Values continued)

210 = Employer Paid Fatal Benefits
Wages paid by the employer in lieu of Fatal/Death compensation due.

220 – Employer Paid Permanent Total Benefits: Wages paid by the employer in lieu of Permanent Total compensation due.

221 – Employer Paid Permanent Total Supplemental Benefits: Wages paid by the employer in lieu of Permanent Total Supplemental compensation due.

230 = Employer Paid Permanent Partial Scheduled
Wages paid by the employer in lieu of Permanent Partial Scheduled compensation due.

240 = Employer Paid Unspecified
Wages paid by the employer in lieu of compensation of an unspecified benefit type due.

242 = Employer Paid Vocational Rehabilitation Maintenance
Wages paid by the employer in lieu of Vocational Rehabilitation Maintenance compensation due.

250 = Employer Paid Temporary Total
Wages paid by the employer in lieu of Temporary Total compensation due.

251 = Employer Paid Temporary Total Catastrophic
Wages paid by the employer in lieu of Temporary Total Catastrophic compensation due.

270 = Employer Paid Temporary Partial
Wages paid by the employer in lieu of Temporary Partial compensation due.

410 = Vocational Rehabilitation Maintenance
Weekly maintenance benefits paid while the claimant is participating in vocational rehabilitation program.

500 Unspecified Lump Sum Payment/Settlement
Lump sum payment/settlement amount that cannot be assigned to a specific benefit type.

501 Medical Lump Sum Payment/Settlement
Lump Sum Payment/Settlement amount to end past, present, and/or future medical exposure.

510 Fatal Lump Sum Payment/Settlement
Lump Sum Payment/Settlement amount to end past, present, or future liability for benefits paid or payable for the death of the claimant resulting from a work-related accident or occupational injury or disease.

520 Permanent Total Lump Sum Payment/Settlement
Lump Sum Payment/Settlement amount to end past, present, or future liability for benefits paid or payable for the loss of or the permanent loss of use of any body part or function which renders the claimant unable to engage in any employment or occupation.

521 Permanent Total Supplemental Lump Sum Payment/Settlement
Lump Sum Payment/Settlement amount to end past, present, or future liability for permanent total supplemental benefits.

11. BENEFIT TYPE CODE – DN0085 (Values continued)

524 Employer Paid Lump Sum Payment/Settlement
Lump Sum Payment/Settlement amount to end past, present, or future liability for wages paid by the employer in lieu of compensation of an unspecified benefit type due.

530 Permanent Partial Scheduled Lump Sum Payment/Settlement
Lump Sum Payment/Settlement amount to end past, present, or future liability for benefits paid or payable as established by a statutory list (schedule) of payments for certain injuries. The benefit amount is determined by the part of the body that was injured subject to limitations set forth in the statute. Includes, as described above in Benefit Type Code

030 Permanent Partial Scheduled: — Wage Loss Without Impairment — Impairment Income Benefits — Supplemental Earnings Without Permanent Partial — Scheduled Disabilities-Economic Recovery

540 Permanent Partial Unscheduled Lump Sum Payment/Settlement
Lump Sum Payment/Settlement amount to end past, present, or future liability for benefits paid or payable for injuries to parts of the body not covered by a schedule. These benefits are payable for the claimant's actual wage loss or reduction in wage earning ability, subject to limitations set forth in the statute. Includes, as described above in Benefit Type Code 040 Permanent Partial Unscheduled: — Supplemental Income Benefits — Supplemental Earnings and Permanent Partial — Other Partial Disability

541 Vocational Rehabilitation Maintenance Lump Sum Payment/Settlement
Lump Sum Payment/Settlement amount to end past, present, or future liability for weekly maintenance benefits paid while the claimant is participating in a vocational rehabilitation program.

550 Temporary Total Lump Sum Payment/Settlement
Lump Sum Payment/Settlement amount to end past, present, or future liability for benefits paid or payable for the period during which the claimant is unable to perform any work for pay as a result of disability from which that individual can be expected to fully recover and which period precedes the date of maximum medical improvement.

551 Temporary Total Catastrophic Lump Sum Payment/Settlement
Lump Sum Payment/Settlement amount to end past, present, or future liability for benefits paid for catastrophic injuries.

570 Temporary Partial Lump Sum Payment/Settlement
Lump Sum Payment/Settlement amount to end past, present, or future liability benefits paid or payable for the period during which the claimant, as a result of a disability from which he/she is expected to fully recover, is unable to perform work for his/her regular pay, but is receiving a reduced rate of pay and which period precedes the date of maximum medical improvement.

580 Employers Liability Lump Sum Payment/Settlement
Lump Sum Payment/Settlement amount to end past, present, or future liability for the indemnity loss portion of employer's liability.

11. BENEFIT TYPE CODE – DN0085 (Values continued)

590 Permanent Partial Disfigurement Lump Sum Payment/Settlement
Lump Sum Payment/Settlement amount to end past, present, or future liability for benefits paid or payable for any scarring or cosmetic defect. Includes, as described above in Benefit Type Code 090 Permanent Partial Disfigurement: — Impairment Without Wage Loss — Permanent Partial Without Supplemental Earnings — Impairment Compensation.

12. CALCULATED WEEKLY COMPENSATION AMOUNT – DN0134

Definition: The result of multiplying the employee's Average Wage (DN0286) by the statutory percentage and applying the minimum and maximum compensation amounts.
Orig/Rev: 07/01/97
Record: R22
Format: $9.2

13. CLAIM ADMINISTRATOR ALTERNATE POSTAL CODE – DN0200

Definition: The alternate postal code of the claim adjusting office handling the claim as defined by the jurisdiction.
Orig/Rev: 03/09/06
Record: R21; R22; AKC; ARC
Format: 9 A/N
DP Rule: The 9-digit code associated with the Claim Administrator FEIN (DN00187). For the United States and its territories, this will be the USPS zip code.

14. CLAIM ADMINISTRATOR CLAIM NUMBER – DN0015

Definition: A unique identifier for each specific claim within a claim administrator's claims processing system.
Orig/Rev: 06/07/95, 07/01/97, 7/17/13
Record: 148; A49; R22; R21; AKC; ARC
Format: 25 A/N
DP Rule: This data element shall not contain leading spaces or leading special characters. The number may contain embedded spaces and special characters.

Note: This number should not be the injured worker's Social Security Number, even if contained in or broken up by embedded spaces, alpha, or special characters.

15. CLAIM ADMINISTRATOR CLAIM REPRESENTATIVE BUSINESS PHONE NUMBER – DN0137

Definition: The telephone number of the individual responsible for handling the claim.
Orig/Rev: 07/01/97, 04/26/03
Record: R22
Format: 15 A/N
DP Rule: Standard telephone numbers are 10 numeric positions (area code and number). The additional 5 bytes should be used for a numeric extension, when applicable. The numeric extension immediately follows the 10 digit phone number and can be 0 to 5 positions in length.

16. CLAIM ADMINISTRATOR CLAIM REPRESENTATIVE E-MAIL ADDRESS – DN0138

Definition: The Internet E-mail address of the individual responsible for handling the claim.
Orig/Rev: 07/01/97, 04/26/03
Record: R22
Format: 80 A/N

17. CLAIM ADMINISTRATOR CLAIM REPRESENTATIVE FAX NUMBER – DN0139

Definition: The fax number of the individual responsible for handling the claim.
Orig/Rev: 07/01/97, 04/26/03
Record: R22
Format: 10 A/N

18. CLAIM ADMINISTRATOR CLAIM REPRESENTATIVE NAME – DN0140

Definition: The name of the individual working for the claim administrator that is responsible for handling the claim.
Orig/Rev: 07/01/97, 04/26/03
Record: R22
Format: 40 A/N
DP Rule: This field may be invalid or not available on a periodic or final if the claim administrator is not currently paying indemnity benefits. Jurisdictions recommend that this data element be updated upon the triggering of a new event. A claim representative name change does not require the triggering of a change transaction.

This field should be populated as follows:

- First name, middle initial, last name (no prefix or suffix) with commas as the delimiters (e.g., John,J,Smith)
- If there is no middle initial, a comma must be inserted in its place (leaving two commas between the first and last name) (e.g., John,,Smith)
- Only hyphens and apostrophes may be sent as special characters
- Multiple word first and last names must be separated by a space (e.g., Mary Jane,L,Smith or Mary,L,Smith Baker)
- Do not abbreviate words or use acronyms if there is enough room in the field to enter the entire name.

19. CLAIM ADMINISTRATOR FEIN – DN0187

Definition: The Federal Employer Identification Number of the entity licensed or allowed by a jurisdiction to adjust a claim.
Orig/Rev: 07/01/97, 04/26/03
Record: R21; R22; AKC; ARC
Format: 9 A/N
DP Rule: Always required. Claim Administrator FEIN may match Insurer FEIN.

20. CLAIM ADMINISTRATOR NAME – DN0188

Definition: The legal name of the entity adjusting the claim.
Orig/Rev: 07/01/97, 05/13/03, 04/22/15
Record: R21; R22
Format: 40 A/N
DP Rule: Name may match Insurer Name if the insurance carrier or self-insured employer is administering the claim. Otherwise, it is the entity contracted to adjust the claim on behalf of the insurance carrier or self-insured employer.

21. CLAIM ADMINISTRATOR POSTAL CODE – DN0014

Definition: The postal code of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no TPA.
Orig/Rev: 08/09/95, 07/01/97, 04/30/04, 12/19/05, 03/09/06
Record: 148; A49; AKC; ARC
Format: 9 A/N
DP Rule: For the United States and its territories, this will be the USPS zip code. For non-U.S. and its territories, refer to each country's postal code list.

22. CLAIM STATUS CODE – DN0073

Definition: A code representing the claim administrator's current status.
Orig/Rev: 06/07/95, 07/01/97, 04/26/03
Record: A49; R21
Format: 1 A/N
Values: O = Open
C = Closed
R = Re-open
X = Re-open/Closed

23. CLAIM TYPE CODE – DN0074

Definition: A code representing the current classification of the claim as interpreted by the jurisdiction.
Note: Each jurisdiction defines the type of claims required to be reported and semantic terms will differ between jurisdictions. Some jurisdictions refer to "Lost Time" and "Indemnity" claims differently, so for purposes of these Claim Type Code definitions, a Lost Time claim is distinguished separately from one in which Indemnity benefits are due. Read all code definitions for a full understanding.
Orig/Rev: Orig/Rev: 08/09/95, 07/01/97, 05/27/03, 02/08/05, 05/05/06, 11/02/2015*
* Note: New codes and definitions do not apply until November 2016. Please refer to the Claim Type Code Implementation Strategy document available on the IAIABC website.
Record: A49; R21
Format: 1 A/N
Values: (listed in hierarchical order lowest to highest)
N = Notification of an Incident Only: An incident has occurred; however, no lost time (as defined by the jurisdiction) has occurred, no medical treatment (as defined by the jurisdiction) has occurred and no indemnity benefits (including employer paid salary in lieu of compensation - BTC 2xx) have been paid on the claim.
Note:
- The Initial Date Disability Began (DN0056) is not applicable.
- Often used with initiating FROI MTC UI or 00/AU.
- Includes MTC FROI 04 when the insurer is denying that the incident is work related and no lost time (as defined by the jurisdiction) has occurred, no medical treatment (as defined by the jurisdiction) has occurred and no indemnity benefits (including employer paid salary in lieu of compensation - BTC 2xx) have been paid on the claim.
- Should not be used with initiating SROI MTCs IP, EP, CD, VE, PD, AP, PY, etc.

M = Medical Only: Only medical treatment (as defined by the jurisdiction) has occurred on the claim. No claim for lost time (as defined by the jurisdiction) has been made. No indemnity benefits (including employer paid salary in lieu of compensation - BTC 2xx) have been paid on the claim.
Note:
- For jurisdiction's that have "medical threshold" amounts, this code should be used in conjunction with the Injury Severity Type Code.
- The Initial Date Disability Began (DN0056) is not applicable.

23. CLAIM TYPE CODE – DN0074 (values continued)

- Includes MTC FROI 04 when the insurer is denying that the incident is work related; however, some medical treatment (as defined by the jurisdiction) has occurred, but no lost time (as defined by the jurisdiction) has occurred and no indemnity benefits (including employer paid salary in lieu of compensation - BTC 2xx) have been paid on the claim.

W = Lost Time with No Paid Indemnity: Medical benefits may or may not have been paid on this claim but lost time (as defined by the jurisdiction) has occurred and is within the waiting period or exceeds the waiting period and no indemnity benefits (including employer paid salary in lieu of compensation - BTC 2xx) have been paid on the claim.

Note:

- The Initial Date Disability Began (DN0056) is applicable, except on fatal claims where the Employee Date of Death (DN0057) equals the Date of Injury (DN0031).
- Includes MTC CD (Compensable Death – No Known Dependent/Payees). Claim Type Code W applies because no indemnity has been paid. If/when a dependent/payee is paid, a different SROI MTC is required and Claim Type would be updated at that time, if required by jurisdiction.
- Includes MTC VE – Volunteer claims. Whether or not the lost time from work exceeds the waiting period, no Indemnity will be paid; therefore, Claim Type Code W is used if Claim Type Code is required by jurisdiction.
- Includes MTC FROI 04 when the insurer is denying that the incident is work related but there is lost time (as defined by the jurisdiction) or death and no indemnity benefits (including employer paid salary in lieu of compensation - BTC 2xx) have been paid on the claim.
- Includes initial MTC PD with Partial Denial Codes A or E (Indemnity in Whole) claims where there is any lost time (whether it exceeds the waiting period or not).
- When some medical treatment (as defined by the jurisdiction) has occurred and any lost time (as defined by the jurisdiction) exists but no indemnity benefits (including employer paid salary in lieu of compensation - BTC 2xx) have been paid on the claim, Claim Type Code W should be used unless a jurisdiction does not accept Claim Type W, and then Claim Type Code M should be used.
- If required by jurisdiction, includes claims where a previous Claim Type Code I, L or P was reported but the lost time from work didn't really exceed the waiting period and the check(s) was cancelled or returned.

P = Indemnity with No Lost Time Beyond Waiting Period: There is no lost time (as defined by the jurisdiction) beyond the waiting period and only payment(s) for the following types of indemnity have been made:

- Full Settlement (Lump Sum Payment/Settlement Code – SF);
- Partial Settlement (Lump Sum Payment/Settlement Code – SP) of all indemnity but not medical (BTC 5xx, usually 500) or a partial settlement of BTC 510, 530, 540 or 590;
- Lump Sum Payment of BTC 010/510 (usually to state fund or other payee per jurisdiction statute when direct dependents do not exist), 030/530, 040/540 or 090/590 due to an Advance (AD), Agreement Stipulated (AS), Award (AW) or Non-Specified (NS) Lump Sum Payment/Settlement Code;
- Non lump-sum payment of Permanent Partial/Disfigurement benefits BTC 030, 040 or 090

Note:

- If previously reported, Initial Date Disability Began may be "Expected/ Conditional" or may be "If Applicable/Available" depending upon the jurisdiction's Element Requirement Table.

23. CLAIM TYPE CODE – DN0074 (values continued)

I = Indemnity for Lost Time: Indemnity benefits (including employer paid salary in lieu of compensation - BTC 2xx) not listed in P above are being or were paid and there was immediate and continuous lost time (as defined by the jurisdiction) from the Date of Injury to beyond the waiting period.
Note:

- Initial Date Disability Began (DN0056) is applicable, except on fatal claims where the Employee Date of Death (DN0057) equals the Date of Injury (DN0031).

L = Became Indemnity for Lost Time: Indemnity benefits (including employer paid salary in lieu of compensation - BTC 2xx) not listed in P above are being paid or were paid and lost time (as defined by the jurisdiction) from the Date of Injury to beyond the waiting period was either nonconsecutive or delayed. The claim previously met classification criteria as Claim Type Code N, M, W or P.
Note:

- The Initial Date Disability Began (DN0056) is applicable, except on fatal claims where the Employee Date of Death (DN0057) equals the Date of Injury (DN0031).
- Used by jurisdictions to help explain why an initial payment appears to be delayed and the transaction wasn't previously sent. May also require the First Day of Disability After The Waiting Period (DN0297) and Date Claim Administrator Knew Disability Exceeded the Waiting Period (DN0298).
- Should not be used to simply correct a previously submitted Claim Type Code that was sent in error.

B = Became Medical Only: Previously reported as Claim Type Code W, P, I or L. It was later determined that no lost time (as defined by the jurisdiction) has actually occurred and any indemnity checks initially paid may or may not have been returned/cancelled on the claim, and only medical treatment (as defined by the jurisdiction) is now applicable on this claim
Note:

- For jurisdiction's that have "medical threshold" amounts, this code should be used in conjunction with the Injury Severity Type Code.
- The Initial Date Disability Began (DN0056) is now not applicable, but may have been previously sent.
- May be sent with MTC 01 Cancel to identify the reason a cancel is being sent for those jurisdictions that do not want Medical Only claims reported.
- This code will never be used immediately after Claim Type Code N or M.
- Should not be used to simply correct a previously submitted Claim Type Code that was sent in error.

Hierarchy if a Jurisdiction accepts all Claim Types (Listed Lowest N to Highest B):
N = Notification of an Incident Only
M = Medical Only
W = Lost Time with No Paid Indemnity
P = Indemnity with No Lost Time Beyond Waiting Period
I = Indemnity for Lost Time OR L = Became Indemnity for Lost Time (but not both)
B = Became Medical Only

23. CLAIM TYPE CODE – DN0074 (values continued)

DP Rule:

- Jurisdictions should clarify in their Event Table how "Lost Time" is determined.
- If a jurisdiction accepts Claim Type Codes, they will need to describe in their Element Requirement Table/Edit Matrix what codes are required/ accepted and under what conditions the specific code is required to be sent. Jurisdictions should expect to receive the "highest" required Claim Type Code in the hierarchy that is applicable to the claim at the time a transaction is being sent. This includes transactions sent in response to TE's or TR's and acquired MTCs AQ, AU or AP.
- If required by jurisdiction, Claim Type Code can be updated/changed on the next applicable MTC or an MTC 02

24. CURRENT DATE DISABILITY BEGAN – DN0144

Definition: The first qualifying day of disability in the current period of disability being reported.
Orig/Rev: 07/01/97, 05/27/03, 04/22/14
Record: R22
Format: 8 DATE
DP Rule: This date is only used when a benefit period has stopped and benefits are now resuming for a subsequent period of disability. The Current Date Disability Began never equals the Initial Date Disability Began (DN0056). The Current Date Disability Began should never be sent without an Initial Return to Work Date, intervening suspension, cessation, or denial of all indemnity benefits. There will always be a break in time between the initial and subsequent periods of disability.

The Current Date Disability Began is not initially sent or updated solely because a change in benefit type occurs or because a new concurrent benefit type is initiated in the same disability period. It is also not sent solely if any indemnity benefits other than lost wage benefits (such as Permanent Partial) are being initiated. An Initial Date Disability Began (DN0056) should have already been sent when benefits were previously initiated, or the Current Date Disability Began should represent a subsequent period of disability in the same transaction, i.e., broken periods of disability within the waiting period (see Non-Consecutive Period Code – DN0212).

25. CURRENT DATE LAST DAY WORKED – DN0145

Definition: The last day worked prior to the first day of disability for a period subsequent to the first period of disability.
Orig/Rev: 07/01/97, 05/27/03, 01/01/09
Record: R22
Format: 8 DATE
DP Rule: This date is used on subsequent periods of disability.

- An Initial Date Last Day Worked (DN0065) should have already been sent, or the Current Date Last Day Worked should represent a subsequent period of disability in the same transaction, i.e., waiting period (see Non-Consecutive Period Code – DN0212).
- Is after the Initial Date Last Day Worked
- Is on or before the Current Date Disability Began

26. DATE CLAIM ADMINISTRATOR KNEW DISABILITY EXCEEDED THE WAITING PERIOD – DN0298

Definition: The date the claim administrator was notified or became aware that the employee was disabled beyond the waiting period and/or was entitled to indemnity benefits.
Orig/Rev: 04/27/04, 04/09/15
Record: R22
Format: 8 DATE

27. DATE CLAIM ADMINISTRATOR NOTIFIED OF EMPLOYEE REPRESENTATION – DN0076

Definition: The date the claim administrator was notified that the employee or beneficiary has secured legal representation.
Orig/Rev: 06/07/95, 07/01/97
Record: A49
Format: 8 DATE
DP Rule: In California, this is the date the attorney lien was filed.

28. DATE EMPLOYER HAD KNOWLEDGE OF DATE OF DISABILITY – DN0281

Definition: The date the employer was notified or became aware of the initial or subsequent period of the employee's work-related disability/incapacity
Orig/Rev: 12/01/02
Record: R21; R22
Format: 8 DATE
DP Rule: This date may be equal to or different than Date Employer Had Knowledge of the Injury (DN0040). This date is used to reflect when the employer was aware of the Initial Date Disability Began (DN0056) or Current Date Disability Began (DN0144), as applicable.

29. DATE OF INJURY – DN0031

Definition: For traumatic injury, the date on which the accident occurred. For occupational disease or cumulative injury, the date of injury is the date of last injurious exposure to the cause or substance creating the condition, unless otherwise defined by statute.
Orig/Rev: 03/11/94, 07/01/97
Record: 148; A49
Format: 8 DATE

30. DATE OF MAXIMUM MEDICAL IMPROVEMENT – DN0070

Definition: The date after which further recovery from or lasting improvement to an injury or disease can no longer be anticipated, based upon reasonable medical probability.
Orig/Rev: 03/11/94, 07/01/97
Record: A49
Format: 8 DATE

31. DEATH RESULT OF INJURY CODE – DN0146

Definition: A code that indicates whether the worker's death was a result of the injury.
Orig/Rev: 07/01/97
Record: R21; R22
Format: 1 A/N
Values: Y = Yes
N = No
U = Unknown

32. DENIAL REASON NARRATIVE – DN0197

Definition: A description identifying reasons for denying a claim in full or in part. The narrative may be used to present denial reasons not identified by code(s) or to provide a factual basis supporting and information for the denial reason(s) identified by codes(s). If both code and text are required, the narrative will contain only reasons in excess of the five codes, as text, and/ or supporting information for any reasons submitted. Narrative reason will not include code values. The narrative will not be required to be a text equivalent of the denial reason codes. The narrative description will not invalidate a denial reason code.
Orig/Rev: 07/01/97, 11/30/98, 05/08/02, 03/1/05, 11/04/05, 9/9/09, 5/16/13
Record: R21; R22
Format: 150 A/N (up to 3 occurrences of 50)
DP Rule: This is only applicable on MTC 04, PD (or its corresponding CO), 02, or UR. A FROI or SROI MTC 02 changing the denial reason narrative will only update the denial reason narrative on the most recently accepted denial transaction, regardless of whether the most recent denial reported was a FROI or a SROI transaction. See Variable Segment Population Rules for Denial Reason Narratives Segment in Section 4 for further explanation.

33. DENIAL RESCISSION DATE – DN0196

Definition: The date a previous denial was revoked.
Orig/Rev: 07/01/97, 11/30/98, 05/08/02, 03/1/05, 02/08/06, 9/21/06, 11/02/15
Record: R21, R22
Format: 8 DATE
DP Rule: This data element is not applicable on a FROI MTC 04. It is also not applicable on a FROI 00, UI, or AU (if any of these FROI MTCs are the initiating FROI on the claim), and on a SROI MTC 04, AB, CA, CB, Px, RE, or Sx.

34. DISCONTINUED FRINGE BENEFITS – DN0149

Definition: The amount of non-salary remuneration which the employer has discontinued as applicable to the calculation of benefits per the jurisdiction.
Orig/Rev: 07/01/97
Record: R22
Format: $9.2

35. EMPLOYEE DATE OF BIRTH – DN0052

Definition: The date the employee was born.
Orig/Rev: 06/07/95, 07/01/97, 05/27/03
Record: 148; R22
Format: 8 DATE

36. EMPLOYEE DATE OF DEATH – DN0057

Definition: The date the employee died.
Orig/Rev: 06/07/95, 07/01/97
Record: 148; A49
Format: 8 DATE

37. EMPLOYEE EDUCATION LEVEL – DN0151

Definition: The highest number of years or equivalency level of formal education completed.
Orig/Rev: 07/01/97
Record: R22
Format: 2 N
Values: **12** = High School Grad/GED
NN = Actual grade of completion (e.g. 06, 15)

38. EMPLOYEE EMPLOYMENT VISA – DN0152

Definition: The number assigned to an endorsement to a passport, by the proper authority, to note examination of the passport, and authorization of the bearer to proceed.
Orig/Rev: 07/01/97
Record: R21; R22
Format: 15 A/N

39. EMPLOYEE FIRST NAME – DN0044

Definition: The employee's legally recognized first name.
Orig/Rev: 06/07/95, 07/01/97
Record: 148; R22
Format: 15 A/N
DP Rule: This field may only include a hyphen, apostrophe, or multiple words if contained in the person's legally recognized first name.

40. EMPLOYEE GREEN CARD – DN0153

Definition: The number assigned by the United States Government and issued on an official document to foreign nationals permitting them to work in the United States. (Alien identification number.)
Orig/Rev: 07/01/97
Record: R21; R22
Format: 15 A/N

41. EMPLOYEE ID ASSIGNED BY JURISDICTION – DN0154

Definition: A number assigned to the employee by the jurisdiction in the absence of the preferred identifier.
Orig/Rev: 07/01/97
Record: R21; R22
Format: 15 A/N

42. EMPLOYEE ID TYPE QUALIFIER – DN0270

Definition: Identifies the employee ID being transmitted.
Orig/Rev: 07/01/97
Record: R21; R22
Format: 1 A/N
Values: **A** = Employee ID Assigned by Jurisdiction (DN0154)
E = Employee Employment Visa (DN0152)
G = Employee Green Card (DN0153)
P = Employee Passport Number (DN0156)
S = Employee Social Security Number (DN0042)
DP Rule: There are five types of Employee ID numbers: Only one type can be sent. If SSN is known, it is preferred.

43. EMPLOYEE LAST NAME – DN0043

Definition: The employee's legally recognized last name.
Orig/Rev: 06/07/95, 07/01/97
Record: R21; R22
Format: 40 A/N
DP Rule: This field may only include a hyphen, apostrophe, or multiple words if contained in the person's legally recognized last name.

44. EMPLOYEE LAST NAME SUFFIX – DN0255

Definition: The legally recognized last name suffix, which is used on legal documents (Jr., Sr., II, III etc.)
Orig/Rev: 07/01/97
Record: R21; R22
Format: 4 A/N

45. EMPLOYEE MARITAL STATUS CODE – DN0054

Definition: A code indicating the employee's marital status as of the date of injury.
Orig/Rev: 03/11/94, 07/01/97, 05/28/03, 06/18/12
Record: 148; R22
Format: 1 A/N
Values: *U = Unmarried, Widowed, Divorced, Single
*M = Married
S = Separated
K = Unknown
DP Rule: Employee marital status should be defined by jurisdiction law.

46. EMPLOYEE MIDDLE NAME/INITIAL – DN0045

Definition: The employee's legally recognized middle name or initial.
Orig/Rev: 06/07/95, 07/01/97; 08/27/12
Record: R21; R22
Format: 15 A/N
DP Rule: Claim administrators should prepare their systems to accommodate the full 15 bytes allocated for the employee's middle name. Although an employee's middle name may not be known at the beginning of a claim, it may become known later during the life of the claim and should be reported to the jurisdiction at that time.

47. EMPLOYEE NUMBER OF DEPENDENTS – DN0055

Definition: The number of individuals relying on the employee for economic support as defined by the jurisdiction's statute.
Orig/Rev: 03/11/95, 07/01/97
Record: 148; A49
Format: 2 N

48. EMPLOYEE NUMBER OF ENTITLED EXEMPTIONS – DN0213

Definition: The maximum number of exemptions that the employee is entitled to claim on their annual Federal Income Tax.
Orig/Rev: 07/01/97
Record: R22
Format: 2 N

49. EMPLOYEE PASSPORT NUMBER – DN0156

Definition: The number assigned to an officially recognized passport by a country's government to one of its citizens that authenticates the bearer's identity, citizenship, right to protection while abroad, and right to re-enter his or her native country.
Orig/Rev: 07/01/97
Record: R21; R22
Format: 15 A/N

50. EMPLOYEE SECURITY ID – DN0206

Definition: A unique number designated by the jurisdiction to be used in conjunction with or in the place of the Employee ID (Employee ID Assigned by Jurisdiction - DN0154, Employee Employment Visa - DN0152, Employee Green Card - DN0153, Employee Passport Number - DN0156, Employee Social Security Number - DN0042) to protect the privacy of the Employee ID.
Orig/Rev: 02/20/2013
Record: R21, R22, AKC, ARC
Format: 15 A/N
DP Rule: If the jurisdiction requires the Employee Security ID, the jurisdiction must return the Employee Security ID in the acknowledgment to promote future reporting of the designated value.

- To prevent duplicates in the Claim Administrator's system, if the jurisdiction requires the Employee Security ID, the first 2 bytes must be the assigning jurisdiction's 2 digit jurisdiction state code.
- Jurisdictions that choose to implement the Employee Security ID must define in their Implementation Guide when they will require it to be sent: i.e Establishing FROI should always include the Employee ID as outlined in the definition above.

51. EMPLOYEE SSN – DN0042

Definition: An identification number issued by the Social Security Administration used to record an individual's reported wages or self-employment income.
Orig/Rev: 06/07/95, 07/01/97
Record: R21; R22
Format: 9 A/N

52. EMPLOYEE TAX FILING STATUS CODE – DN0158

Definition: The employee's federal tax filing status as of the date of injury used on the Internal Revenue Service tax forms.
Orig/Rev: 07/01/97
Record: R22
Format: 1 A/N
Values: A = Single
B = Single/Head of Household
C = Married/Filing Joint
D = Married/Filing Separate

53. EMPLOYER FEIN – DN0016

Definition: The Federal Employer Identification Number (FEIN) of the employer where the employee was employed at the time of the injury.
Orig/Rev: 08/09/95, 07/01/97, 11/22/05
Record: 148; R22
Format: 9 A/N
DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage - No policy in effect on the date of accident) or 3D (No Coverage - No jurisdiction)

54. EMPLOYER PAID SALARY IN LIEU OF COMPENSATION INDICATOR – DN0273

Definition: The status of whether the employer is currently paying the employee's salary in lieu of compensation caused by a work-related injury.
Orig/Rev: 06/07/94, 07/01/97, 11/30/98, 04/28/04
Record: R21; R22
Format: 1 A/N
Values: Y = Yes
N = No
DP Rule: If the employer is reimbursed the full statutory amount for the benefit period paid by the employer, then the indicator should be re-set to "N".

55. EMPLOYER PAID SALARY PRIOR TO ACQUISITION CODE - DN0203

Definition: A code to indicate Employer Paid benefits (BTC 2xx) were the only indemnity benefits paid prior to an acquisition. This code will explain why Other Benefit Type (OBT) Code 430 - Unallocated Prior Indemnity Benefits is not present on the SROI transaction after acquisition.
Orig: 06/07/11
Record: R22
Format: 1 A/N
Values: E = Only 2xx Benefit Type Code(s) paid prior to acquisition.
DP Rule: If Employer Paid Unspecified benefits (BTC 240) were the only indemnity benefits paid prior to an acquisition, the Claim Administrator must set the Employer Paid Salary Prior to Acquisition Code to "E", otherwise the indicator should be blank/space, if this code is required by the jurisdiction. This code should be sent on an AP, EP or other appropriate SROI MTC reporting indemnity after an acquisition. It shall only be sent on a SROI transaction after a FROI AQ or AU. Once sent, it must be sent on all

55. EMPLOYER PAID SALARY PRIOR TO ACQUISITION CODE - DN0203 (continued)

SROI transactions for the acquiring claim administrator. The reporting of a Benefit Type Amount Paid for an Employer Paid Unspecified (BTC 240) benefits segment is not permitted; therefore, there are no monies to carry forward to report for Other Benefit Type (OBT) Amount for Code 430 after acquisition. The reporting of a Benefit Type Amount Paid for specific Employer Paid benefits (BTC 2xx other than BTC 240) is required, but is not always sent upon acquisition to be carried forward to OBT Code 430. The Employer Paid Salary Prior To Acquisition Code is to be sent to explain why OBT Code 430 is not present; however, if the Benefit Type Amount Paid for Employer Paid benefits (BTC 2xx other than BTC 240) is provided to the acquiring Claim Administrator, those dollars should be reported in OBT Code 430, rather than sending this code. This code should never be sent in conjunction with OBT Code 430.

56. EMPLOYER PHYSICAL POSTAL CODE – DN0023

Definition: The postal code of the employer's facility where the employee was employed at the time of the injury.
Orig/Rev: 06/07/95, 07/01/97, 12/19/05
Record: 148; R22
Format: 9 A/N
DP Rule: For the United States and its territories, this will be the USPS zip code. For non-U.S. and its territories, refer to each country's postal code list.

57. EMPLOYMENT STATUS CODE – DN0058

Definition: A code indicating the employee's primary work status at the time of the injury with the covered employer.
Orig/Rev: 03/28/94, 07/01/97, 05/27/03, 01/20/06
Record: 148; R22
Format: 2 A/N
Values: Hierarchy – In the event that two Employment Status Codes apply to an employee, the topmost code in the following hierarchy will be reported, i.e., if employee is a part time seasonal worker, report as a seasonal worker.

C = Piece Worker indicates that the claimant was paid for employment according to the number of products/services completed or number of trips completed.
9 = Volunteer indicates that the injured worker is a volunteer for the covered employer and sustained a compensable injury, but the claim administrator will make no indemnity payments unless indemnity benefits are required based on concurrent employment.
8 = Seasonal Worker indicates that the claimant was employed in a position dependent on or controlled by the season of the year.
A = Apprenticeship Full-time indicates that the claimant was bound by a legal agreement to work full-time for another in return for instruction in a trade or occupation.
B = Apprenticeship Part-time indicates that the claimant was bound by a legal agreement to work part-time for another in return for instruction in a trade or occupation.
1 = Regular/Full-time Employee indicates that the injured worker was employed on a full-time basis. (Schedule is comparable to other employees of the company and/or other employees in the same business or vicinity that are considered full-time). This status is NOT used when reporting experience for full-time seasonal, volunteer, apprenticeship, or piece workers.
2 = Part-time Employee indicates that the injured worker was employed on a part-time basis and whose work history in the preceding months shows that the person worked on less than a full-time basis. This status is NOT used when reporting experience for part-time seasonal, volunteer, apprenticeship, or piece workers.
3 = Unemployed/Not Employed indicates that the injured worker was not employed by the employer against whom the claim is submitted after the date of injury for reasons other than disability, strike, or retirement.
6 = Retired indicates that the claimant was in retirement after the time of injury (i.e. a claimant with black lung). This status is also used when reporting experience for retired season, volunteer, apprenticeship, or piece worker.
4 = On Strike indicates that the injured worker was on strike after the time of injury. This status is also used when reporting experience for on strike seasonal, volunteer, apprenticeship, or piece workers.
5 = Disabled indicates that the injured worker (who is still working) had a disability unrelated to the new injury in this report. This status is also used when reporting experience for disabled seasonal, volunteer, apprenticeship, or piece workers.
7 = Other indicates that the claimant had an employment status other than those previously listed at the time of the injury.

57. EMPLOYMENT STATUS CODE – DN0058 (continued)

Hierarchy	Name	Value
1	Piece Worker	C
2	Volunteer	9
3	Seasonal	8
4	Apprenticeship Full-Time	A
5	Apprenticeship Part-Time	B
6	Regular/Full-Time	1
7	Part-Time Employee	2
8	Unemployed/Not Employed	3
9	Retired	6
10	On Strike	4
11	Disabled	5
12	Other	7

58. ESTIMATED GROSS WEEKLY AMOUNT INDICATOR – DN0172

Definition: An indicator that the Gross Weekly Amount is based on an estimated wage.
Orig/Rev: 07/01/97, 11/30/98
Record: R22
Format: 1 A/N
Values: **Y** = Yes
N = No

59. FIRST DAY OF DISABILITY AFTER THE WAITING PERIOD – DN0297

Definition: The first day qualifying as a day of disability in the first period of disability after the waiting period requirements have been met.
Orig/Rev: 04/27/04, 04/09/15
Record: R22
Format: 8 DATE

60. FULL DENIAL EFFECTIVE DATE – DN0199

Definition: The date from which the claim administrator is denying all benefits for the claim.
Orig/Rev: 07/01/97, 11/30/98, 05/08/02, 03/1/05, 02/08/06
Record: R21; R22
Format: 8 DATE
DP Rule: This is only applicable on MTC 04 (or its corresponding CO), 02, or UR.

61. FULL DENIAL REASON CODE – DN0198

Definition: A code used to identify reasons for denying a claim in its entirety or defending that assertion.
Orig/Rev: 07/01/97, 11/30/98, 05/08/02, 03/1/05, 02/08/06, 11/07/06, 11/27/12
Record: R21; R22
Format: 2 A/N
Values: 1 = No Compensable Accident/Not in Course and Scope of Employment
A = Coming and going
B = Horseplay
C = Willful intent to injure oneself
D = Does not meet statutory definition of accident
E = Deviation from employment
F = Recreational/social activity
G = Traveling employee
H = Subsequent intervening accident
I = Presumption of compensability, as defined by the jurisdiction, does not apply

61. FULL DENIAL REASON CODE – DN0198 (continued)

2 = No Causal Relationship
- **A** = Idiopathic condition
- **B** = Pre-existing condition
- **C** = Stress non-work related
- **D** = No medical evidence of injury
- **E** = No injury per statutory definition
- **F** = Accident not major contributing cause of injury

3 = No Coverage
- **A** = No employer/employee relationship
- **B** = Independent contractor
- **C** = Does not meet statutory definition of employee
- **D** = No jurisdiction
- **E** = No policy in effect on the date of accident
- **F** = Statute of limitation expired
- **G** = Statutory exemptions (sole proprietor, corporate officer etc.)
- **H** = Elected other coverage (24 hour, collective bargaining, opted out)
- **I** = Employee not reported to PEO

4 = Substance Use/Abuse
- **A** = Injury primarily occasioned by intoxication or use of any drug
- **B** = Substance use/abuse, violation of drug-free work place policy in effect

5 = Other (Not Elsewhere Classified)
- **A** = Failure to report accident timely
- **B** = Right to reserve
- **C** = Misrepresentation

DP Rule: If above code(s) and Denial Reason Narrative are approved for jurisdiction use, narrative will provide denial reasons for which there is no Full Denial Reason Code and/or supportive comments. Code fields will not be edited against the narrative. The Full Denial Reason Code may occur up to five times. This is only applicable on MTC 04 (or its corresponding CO), 02, or UR.

62. FULL WAGES PAID FOR DATE OF INJURY INDICATOR – DN0066

Definition: Indicates whether the employer paid full wages for the date of the accident/ injury or illness.
Orig/Rev: 03/11/94, 07/01/97, 11/30/98
Release: 148; R22
Format: 1 A/N
Values: **Y** = Yes
N = No

63. GROSS WEEKLY AMOUNT – DN0174

Definition: For MTC's IP, CA, CB, AP, AB, 02, CO, RB, RE, PY, Px, Sx (Benefit Type Code 0XX series only): The weekly benefit amount due for a benefit type which is based on criteria such as pre-injury wages, statutory percentage, maximum and minimum limits, number of dependents, temporary partial earnings, etc. (as determined by jurisdiction rule). Gross Weekly Amount always excludes the application of any adjustments, credits, or redistributions.

For MTC's EP and ER only (other than Benefit Type Code 240): The gross weekly amount of the workers' compensation benefit the employee would be receiving instead of salary paid in lieu of compensation benefits by the employer as continued wages.

Orig/Rev: 07/01/97, 05/27/03, 02/8/05, 02/24/05, 03/31/07
Record: R22
Format: $9.2
DP Rule: Refer to Variable Segment Population Rules (Benefit Segment) in Section 4. In the event of an acquired claim, the current claim administrator would report the gross weekly amount as it applies to their own payments rather than the previous claim administrator's payments. This is a benefit level amount and may be different than the Calculated Weekly Compensation Amount (DN134).

Temporary Partial (or other benefit types where the claimant's current weekly earnings reduce the Gross Weekly Amount) – The Gross Weekly Amount will represent the most current Temporary Partial rate for which benefits were paid.

64. GROSS WEEKLY AMOUNT EFFECTIVE DATE – DN0175

Definition: For MTC's IP, CA, CB, AB, 02, CO, RB, RE, PY, Px, Sx (Benefit Type Code 0XX series only): The date the gross weekly amount became effective as applied by the current Claim Administrator. For MTC AP and all subsequent MTC's filed on acquired claims, this may be prior to the acquisition date if the acquiring claim administrator issued payment(s) for a period of time in which the file was handled by the previous claim administrator. For MTC's EP and ER only (other than Benefit Type Code 240): The date the Gross Weekly Amount became effective if the employee is receiving salary paid in lieu of compensation benefits by the employer as continued wages.

For Gross Weekly Amount Effective Dates for different types of temporary benefits, see the DP Rules below.

Orig/Rev: 07/01/97, 05/28/03, 02/8/05, 02/24/05, 03/31/07, 01/01/08
Record: R22
Format: 8 DATE
DP Rule: Refer to Variable Segment Population Rules (Benefit Segment) in Section 4 This date should never be prior to the date of accident

Temporary Total (Standard Claim) – The initial Gross Weekly Amount Effective Date will be the Date of Injury.

Subsequent Temporary Total effective dates – If the Gross Weekly Amount changes, its effective date will reflect the first date that payments could have been paid at that amount, regardless of that date being a scheduled work day.

64. GROSS WEEKLY AMOUNT EFFECTIVE DATE – DN0175 (DP Rule continued)

Temporary Partial (or other benefit types where the claimant's current weekly earnings reduce the Gross Weekly Amount) – The Gross Weekly Amount Effective Date will represent the most current Temporary Partial rate and date reported for which benefits were paid, and should be the first date that payments were made at this amount. (e.g. the first day of a benefit week).

Acquired Claims – The initial Gross Weekly Amount Effective Date will be the first date the Gross Weekly Amount became effective for the acquiring claim administrator

65. INITIAL DATE DISABILITY BEGAN – DN0056

Definition: The first day qualifying as a day of disability in the first period of disability. This will be the first day of the waiting period.
Orig/Rev: 08/09/95, 07/01/97
Record: 148; A49
Format: 8 DATE

66. INITIAL DATE LAST DAY WORKED – DN0065

Definition: The last day worked prior to initial disability entitlement. Initial Date Last Day Worked must meet all of the following conditions:

- Must be in the course of employment
- Is not contingent on payment of wages
- Is on or after the Date of Injury
- Is on or before the Initial Date Disability Began
- Be the first such event in this claim

Orig/Rev: 08/09/95, 07/01/97
Record: 148; R22
Format: 8 DATE

67. INITIAL RETURN TO WORK DATE – DN0068

Definition: The first date on which the employee was released to or actually returned to work at full or reduced wages.
Orig/Rev: 10/04/00, 04/11/08, 02/07/13
Record: 148; R22
Format: 8 DATE
DP Rule: • The Initial Return to Work Date could be equal to the Date of Injury.

- If the Initial Return to Work Date was reported incorrectly, a FROI MTC 02 may be sent to report the correct Initial Return to Work Date and/ or the Physical Restrictions Indicator and/or the Return to Work Type Code based on a jurisdiction's requirements.
- If the Physical Restrictions Indicator and/or the Return to Work Type Code associated with the Initial Return to Work Date was reported incorrectly, a FROI MTC 02 may be sent to report the correct Physical Restrictions Indicator and/or Return to Work Type Code based on a jurisdiction's requirements.
- If the Initial Return to Work date was reported correctly, any later activity that affects the Physical Restrictions Indicator, Return to Work Type Code, or Return to Work With Same Employer Indicator should be reported along with the Latest Return to Work Status Date (DN0072).

68. INJURY SEVERITY TYPE CODE – DN0229

Definition: A code describing the seriousness of the injury, according to a jurisdiction's regulation. These injury severity types are usually associated with different data requirements and reporting timeframes, as defined by jurisdiction.
Orig/Rev: 11/02/15
Record: R21, R22
Format: 1 A/N
Values: M = Minor – This injury is considered a "minor" injury as defined by jurisdiction on the Event Table.
J = Major/Medical Threshold – This injury is considered a "major" injury as defined by jurisdiction on the Event Table and/or has met the dollar threshold amount for paid medical used as a reporting requirement as defined by jurisdiction.

69. INSOLVENT INSURER FEIN – DN0292

Definition: The Federal Employer Identification Number (FEIN) of the insolvent insurance company who no longer has financial responsibility for this claim.
Orig/Rev: 05/14/03
Record: R21; R22
Format: 9 A/N
DP Rule: This data element can only be required if the insurer is a Guarantee Fund.

70. INSURED FEIN – DN0314

Definition: The Federal Employer Identification Number (FEIN) corresponding to and uniquely identifying the insured.
Orig/Rev: 07/01/97
Record: R21; R22
Format: 9 A/N
DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage - No policy in effect on the date of accident).

71. INSURED REPORT NUMBER – DN0026

Definition: A number assigned by the insured to identify a specific claim.
Orig/Rev: 03/11/94, 07/01/97, 12/19/05
Record: R21; A49; AKC; ARC
Format: 25 A/N
DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage - No policy in effect on the date of accident).
If this data element is included on any FROI/SROI transaction, it should be returned on the transaction's acknowledgment regardless of whether it is a data element collected by the jurisdiction.

72. INSURER FEIN – DN0006

Definition: The Federal Employer Identification Number (FEIN) of the insurance company, self-insured, or guarantee fund assuming the employer's financial responsibility for this claim.
Orig/Rev: 08/09/95, 07/01/97
Record: 148; A49; AKC; ARC
Format: 9 A/N
DP Rule: In the instance where the Insurer is denying the entire claim (MTC 04) because they are not the Insurer, no financial responsibility is inferred.

73. JURISDICTION BRANCH OFFICE CODE – DN0186

Definition: A number assigned by the jurisdiction identifying the branch/field office overseeing the handling of the claim.
Orig/Rev: 07/01/97
Record: R21; R22; AKC; ARC
Format: 2 A/N

74. JURISDICTION CLAIM NUMBER – DN0005

Definition: The number assigned by the jurisdiction to identify a specific claim.
Orig/Rev: 03/11/94, 07/01/97
Record: 148; A49; AKC; ARC
Format: 25 A/N

75. JURISDICTION CODE – DN0004

Definition: The code uniquely identifying the governing body or territory whose statutes apply.
Orig/Rev: 06/07/95, 07/01/97
Record: 148; A49
Format: 2 A/N
Values: See link to code list on EDI Standard References page of IAIABC website: www.iaiabc.org plus list of non-state jurisdictions as follows:
UL = Long Shore & Harbor Workers' Compensation Act
U1 = Defense Base Act
U2 = Non-Appropriated Fund Instrumentalities Act
U3 = Outer Continental Shelf Act
U4 = War Hazards Compensation Act
FC = Federal Coal Mine Health & Safety Act
FE = Federal Employers Liability Act
M1 = Admiralty I & II

76. LATE REASON CODE – DN0077

Definition: A code identifying the reason a payment/report was not made within a jurisdiction's time requirements.
Orig/Rev: 06/07/95, 07/01/97, 02/8/05, 05/05/06
Record: A49; R21
Format: 2 A/N
Values:

Delays
L1 = No excuse
L2 = Late notification, employer
L3 = Late notification, employee
L4 = Late notification, jurisdiction transfer
L5 = Late notification, health care provider
L6 = Late notification, assigned risk
L7 = Late investigation
L8 = Technical processing delay, computer failure
L9 = Manual processing delay
LA = Intermittent lost time prior to first payment
LB - Late notification/payment due to a natural disaster
LC - Late notification/payment due to an act of terrorism

Coverage
C1 = Coverage lack of information

Errors
E1 = Wrongful determination of no coverage
E2 = Errors from employer
E3 = Errors from employee
E4 = Errors from jurisdiction
E5 = Errors from health care provider
E6 = Errors from other claim administrator/IA/TPA

76. LATE REASON CODE – DN0077 (continued)

Disputes
D1 = Dispute concerning coverage
D2 = Dispute concerning compensability in whole
D3 = Dispute concerning compensability in part
D4 = Dispute concerning disability in whole
D5 = Dispute concerning disability in part
D6 = Dispute concerning impairment

Definition: The most recent date on which
- The employee actually returned to work, or was released to return to work, as identified by the Return to Work Type Code (DN0189), OR
- Physical restrictions changed as reported with the Physical Restrictions Indicator (DN0224), OR
- Both the Return to Work Type Code and Physical Restrictions Indicator changed at the same time.

Orig/Rev: (formerly Current Return to Work Date), 02/07/13
Record: A49
Format: 8 DATE
DP Rule: This date must be after the Initial Return to Work Date (DN0068) and can be prior to a Current Date Disability Began (DN0144). The Latest Return to Work Status Date is not tied to a subsequent period of disability and therefore should not be edited against Current Date Disability Began or Current Date Last Day Worked.

77. LUMP SUM PAYMENT/SETTLEMENT CODE – DN0293

Definition: A code describing the type of lump sum payment/settlement made.
Orig/Rev: 04/22/03, 02/8/05, 04/6/05, 02/08/06, 11/30/09, 11/04/10
Record: R22
Format: 2 A/N
DP Rule: This can only be required on MTC "PY" (or its corresponding CO), 02 or UR. Refer to the Lump Sum Payment/Settlement rules in section 4.
Values: **SF - Settlement Full** - A settlement agreed upon by all parties to end past, present, and future liability of all benefits. No future indemnity or medical benefits are due. The "SF" Lump Sum Payment/Settlement Code should also be used if all indemnity was previously settled and medical is now being settled, or if all medical was previously settled and indemnity is now being settled.

DP Rule: Refer to the Lump Sum Payment/Settlement Rules in Section 4 for processing rules. The Payment Reason Code equating to the Benefit Type Code 5XX would be used to report the benefits settled. The jurisdiction will determine which 5xx Payment Reason Code(s)/Benefit Type Code(s) is to be used to report a full settlement, and would **not** be able to calculate the accuracy of the payment. A claim administrator is not expected to pay any future benefits on this case.

SP – Settlement Partial - A settlement agreed upon by all parties to:
- Settle all indemnity benefit type codes, but not medical (reported as BTC 5xx as defined by jurisdiction) –OR-
- Settle a specific indemnity benefit type code(s) (reported as a specific 5xx BTC other than 500 or 501) –OR-
- Settle all medical, but not indemnity (reported as BTC 501).

DP Rule: Refer to the Lump Sum Payment/Settlement Rules in Section 4 for processing rules. The Payment Reason Code equating to the Benefit Type Code 5XX as defined above would be used to report the benefits settled. The jurisdiction would **not** be able to calculate the accuracy of the payment.

77. LUMP SUM PAYMENT/SETTLEMENT CODE – DN0293 (continued)

If all indemnity was previously settled and medical is now being settled, this should be reported with a Lump Sum Payment/Settlement Code of "SF" rather than "SP".

If all medical was previously settled and indemnity is now being settled, this should be reported with a Lump Sum Payment/Settlement Code of "SF" rather than "SP".

AS – Agreement Stipulated - A lump sum payment, agreed upon by the parties, of one or more benefit types for one or more disputed periods of disability, which does not limit future liability. Future indemnity and medical benefits may be due.
DP Rule: The Benefit Type Code 0XX series would be used to report an agreement that specified a rate and time period (the jurisdiction should be able to calculate the accuracy of the payment). The Benefit Type Code 5XX series would be used to report an agreement that did not specify a rate and/or time period.

AW - Award – An adjudicated lump sum payment of one or more benefit types for a disputed period of disability, which does not limit future liability.
DP Rule: The Benefit Type Code 0XX series would be used to report an award that specified a rate and time period (the jurisdiction should be able to calculate the accuracy of the payment). The Benefit Type Code 5XX series would be used to report an award that did not specify a rate and time period, or if more than one rate was ordered.

AD - Advance - A lump sum payment of benefits in advance of when it is due. This may be recouped as a weekly credit against future benefits, by resuming benefit payments at the end of the advanced period, or by discontinuing benefits prior to the statutory limit.
DP Rule: The Benefit Type Code 0XX series would be used to report an advance that specified a rate and time period. The Benefit Type Code 5XX series would be used to report an advance that did not specify a rate and time period. An Advance on a pending settlement must be coded to the same Payment Reason Code and Benefit Type Code as the settlement.

NS – Non-Specified Lump Sum Payment - A lump sum payment of benefits that is not being fully advanced, stipulated, awarded, or settled, does not limit future liability, and does not apply to one of the other existing Lump Sum Payment/Settlement Codes.
For example, this code would be used when an acquiring claim administrator discovers that prior indemnity benefits had been underpaid, and the acquiring claim administrator needed to issue/report a one-time payment. (On-going payments are not being made so MTC AP is not applicable.)
DP Rule: The Benefit Type Code 0XX series would be used to report a Non-Specified type of lump sum payment that specified a rate and time period. The Benefit Type Code 5XX series would be used to report a Non-Specified type of lump sum payment that did not specify a rate and time period, and Benefit Type Claim Weeks and Benefit Type Claim Days cannot be determined/required. A Non-Specified lump sum payment is reported using the MTC Code PY. If weekly benefits are ongoing, the Claim Administrator will send the next applicable transaction (i.e., IP, AP, RB, CA, CB, etc.).

78. MAINTENANCE TYPE CODE – DN0002

Definition: A code defining the specific purpose of individual records within the transaction being transmitted.

Orig/Rev: 08/09/95, 07/01/97, 11/30/98, 05/27/03, 02/8/05, 03/1/05, 04/08/05, 02/08/06, 04/06/09, 08/21/09, 08/12/13, 12/08/14

Record: 148; A49; AKC; ARC; R22 – refer to specific MTC

Format: 2 A/N

DP Rule: Refer to Variable Segment Population Rules and MTC Simplification Guide in Section 4 for valid MTC values within a batch and population Rules.

Values:

00 Original – The original/initial first report (FROI) transmitted between partners, including the re-transmission of a first report that was rejected due to a critical error or a claim that was previously cancelled (01), or a subsequent first report (FROI) for a claim that was previously denied in its entirety (04), was under investigation (UI), or was sent upon request (UR).
Record: 148

DP Rule: A jurisdiction may or may not allow a 00 Original after a 04, UI, or UR. For example, in a case where a jurisdiction does not allow a 00 after a 04, the 04 is accepted as the originating document and a 00 may be rejected as a duplicate claim based on their match data rules. A different jurisdiction may choose to accept both the 04 and the 00. However, jurisdictions are not permitted to reject a 00 after submission of a 04 report for the same claim.

01 Cancel Entire Claim– The original first report was sent in error and the entire claim is being cancelled.
Record: 148

DP Rule: A previous first report must have been filed before the 01 is sent and may be sent even after subsequent report(s) have been filed. Refer to 01 Cancel Processing Rules and Jurisdiction Change in Section 4.

02 Change – The claim administrator initiates a Change (02) MTC when it identifies a change in a data element designated on the Element Requirement Table. Refer to 02 Change Processing Rules in Section 4.
Record: 148; A49; R22

DP Rule:

- **Subsequent Report:** The "02" Maintenance Type Code should be used if the Average Wage (DN0286), Concurrent Employer Wage (DN0143), Calculated Weekly Compensation Amount (DN0134), Benefit Redistribution Weekly Amount (DN0133), or Gross Weekly Amount (DN0174) changes but the Net Weekly Amount (DN0087) does not change, unless it is in response to a "TE" (in which case a "CO" is used). If the Net Weekly Amount (DN0087) or Benefit Type Code (DN0085) changes, use the CA or CB Maintenance Type Code respectively, unless it is in response to a "TE" (in which case a "CO" is used).
- **First or Subsequent Report:** A transaction may not include changes to more than one "Match" Data element at a time in order to allow a match of the remaining values to the trading partner's records. Refer to the Match Data Rules in Section 4 and the Jurisdiction's Match Data Table.

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78. MAINTENANCE TYPE CODE – DN0002 (continued)

04 Denial –

- **First Report** (FROI): The FROI 04 Denial serves the dual purpose of concurrently reporting a new claim to the jurisdiction while denying it in its entirety; or denying a previously reported claim in its entirety. The Event Table will indicate whether a jurisdiction will accept a FROI 04 to deny a claim after a previously reported FROI was accepted
- **Subsequent Report** (SROI): The entire claim is being denied after any FROI or any SROI has been filed. The Event Table will indicate whether a jurisdiction will require a SROI 04 to deny a claim after a previously reported FROI was accepted.

Record: 148; A49; R22

DP Rule:

- Depending upon the jurisdiction's Event Table, a FROI 04 may be sent (whether or not payments have been made) after an establishing FROI.
- The FROI 04 is intended to function as a first report. If it is intended to also replace a jurisdiction's "denial" form, it should be indicated on the jurisdiction's Event Table.
- Depending upon the jurisdiction's requirements, the SROI 04 may act like a suspension when benefit(s) are being terminated at the time of the denial. However, since a SROI 04 only contains Sweep Benefits segment data, if the jurisdiction needs Gross and/or Net Weekly Amounts and/or Effective Dates, or Benefit Payment Issue Date, they must also require an MTC Sx.

AB Add Concurrent Benefit Type – Indemnity benefits are currently being paid and a concurrent benefit type is being added or reinstated.
Record: A49; R22 – Refer to Variable Segment Rules

AP Acquired/Payment - The claim administrator who acquired the claim has processed their first payment of indemnity benefits.
Record: A49; R22
DP Rule: A previous AQ or AU must have been filed. If a jurisdiction requires a Payments segment on an AP and more than one check is issued for the same indemnity Benefit Type/Payment Reason Code, all indemnity checks issued should be populated in the Payments segment.

AQ Acquired Claim – Minimal data sent to report that a new claim administrator has acquired the claim.
Record: 148
DP Rule: AQ or AU must always be the first filing on an acquired claim. If neither the claim administrator nor insurer has changed, but some match data has changed, a change MTC 02 is transmitted instead of an MTC AQ transaction.

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78. MAINTENANCE TYPE CODE – DN0002 (continued)

AU Acquired/Unallocated – The equivalent of an initial first report (MTC 00) filed by new claim administrator in response to an AQ transaction that has been rejected because of no claim match on database or when an AU is sent in lieu of an AQ based on the Jurisdiction's Event Table, or when the acquiring claim administrator is reopening a claim that was previously cancelled.
Record: 148
DP Rule: If neither the claim administrator nor insurer has changed, but some match data has changed, a change MTC 02 is transmitted instead of an MTC AU transaction.

CA Change in Benefit Amount – The Claim Administrator has identified that the Net Weekly Amount (DN0087) for this benefit type has changed from the previously reported Net Weekly Amount, and the Benefit Type Code has not changed, and benefits are not currently being reinstated. If the Net Weekly Amount is being changed in response to a TE, the CO MTC is used.
Record: A49; R22
DP Rule:

- The CA Maintenance Type Code should only be used if a previous IP, AP, EP (for BTC 2xx other than 240) or SROI UR has been filed, benefits are not currently being reinstated, and any of the following apply:
  - The Net Weekly Amount is changed after a Suspension and a check for the rate adjustment is being issued for the same Benefit Period Start and/or Through Dates that were reported on the previous Suspension (unless in response to a TE, in which case a CO MTC is used). No additional Sx MTC is due.
  - The Net Weekly Amount changes due to recalculation of the Gross Weekly Amount, or there are adjustments and/or credits that affect the Net Weekly Amount but not the Gross Weekly Amount.
- The RB or ER (for BTC 2xx other than 240) Maintenance Type Code should be used if either of the following conditions apply:
  - Ongoing benefits are being reinstated (regardless of the Net Weekly Amount)
  - The Net Weekly Amount changes after a Suspension, and a check for the rate adjustment is being issued for a different Benefit Period Start Date and/or Benefit Period Through Date than was reported on the previous Suspension.
- The RE Maintenance Type Code should be used if the Gross Weekly Amount changes because of application of the employee's current weekly wages while receiving Temporary Partial benefits (Benefit Type Code 070).
- The 02 Maintenance Type Code should be used if the Average Wage, or Concurrent Employer Wage changes but the Net Weekly Amount does not change.

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78. MAINTENANCE TYPE CODE – DN0002 (continued)

CB Change in Benefit Type – The Claim Administrator has identified that the Benefit Type Code (DN0085) has changed from the previously reported Benefit Type Code without a break in continuity of benefits. A CB would also be filed if an employer previously paid salary in lieu of compensation (EP with Benefit Type Code 2xx) and is now paying salary in lieu of compensation again after the claim administrator either began paying (IP with Benefit Type Code 0xx) or reinstated benefits (RB with Benefit Type Code 0xx), without a break in continuity of benefits (Sx).
If the Benefit Type Code is being corrected in response to a TE, the CO MTC is used.
Record: A49; R22
DP Rule: A previous IP, AP, or Subsequent Report UR has been filed.

CD Compensable Death – No Known Dependents/Payees – The injured employee has died as a result of a covered injury and no payment(s) of indemnity benefits have been made pending further beneficiary investigation.
Record: A49
DP Rule: Filed to meet jurisdiction timeliness requirement as replacement for Initial Payment report.
If accepting compensability after full denial for a CD claim, the MTC CD would be used.

CO Correction – Corrected data element values are transmitted in response to a "TE" Application Acknowledgment Code.
Record: 148; A49; R22
DP Rule: "CO" (Correction) Maintenance Type Code is only sent in response to transaction "Accepted with Errors" (TE). Maintenance Type Code "02" is used when there is a change of an element designated on the trading partner tables. Transactions reported on an Acknowledgment Report as "Transaction Rejected" (TR) are corrected and re-sent as the original Maintenance Type Code in their entirety.

EP Employer Paid – The first report of payment of an indemnity benefit other than a lump sum payment/settlement that has been paid by the employer in lieu of compensation, and the claim administrator is not paying any indemnity benefits at this time.
Record: A49; R22
DP Rule: A previous subsequent report may or may not have been filed.

ER Employer Reinstatement – The employer has resumed paying the injured employee's salary in lieu of compensation after a suspension of benefits, and the claim administrator is not paying any indemnity benefits at this time.
Record: A49; R22
DP Rule: A previous subsequent report has been filed with a Maintenance Type Code of EP.

FN Final – Closed claim, no further payments of any kind anticipated.
Record: A49

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78. MAINTENANCE TYPE CODE – DN0002 (continued)

IP Initial Payment – A claim administrator has issued the first payment of an indemnity benefit other than a lump sum payment/settlement.
Record: A49; R22
DP Rule:

- The Initial Payment transaction implies that indemnity benefit payments are ongoing.
- The IP may follow an EP or the suspension (Sx) of Employer Paid benefits if the claim administrator is making the initial payment of indemnity benefits other than a lump sum payment/settlement after the employer has been paying salary in lieu of compensation.
- The IP may precede or follow a PY if the claim administrator is making the initial payment of indemnity benefits as a result of a lump sum amount other than a settlement full. If the claim administrator's initial payment of ongoing indemnity is issued as part of the lump sum payment, the IP should be triggered when the next indemnity check is issued, but could precede the lump sum payment.
- First indemnity payments by the acquiring claim administrator on acquired claims are reported on the AP transaction.
- If a jurisdiction requires a Payments segment on an IP and more than one check is issued for the same indemnity Benefit Type/ Payment Reason Code, all indemnity checks issued should be populated in the Payments segment.

Jx – reserved for jurisdiction internal use (where x = 0-9 or a-z) for migration from forms to EDI. Future IAIABC standard MTC code values should not be assigned with Jx.

P1 Partial Suspension, Returned to Work or Medically Determined/ Qualified to Return to Work – Payment(s) of one concurrent indemnity benefit have stopped because the injured employee has returned to work, and payment(s) of other indemnity benefits continues.
Record: A49; R22

P2 Partial Suspension, Medical Non-Compliance – Payment(s) of one concurrent indemnity benefit have stopped because of medical non-compliance, and payment(s) of other indemnity benefits continues.
Record: A49; R22

P3 Partial Suspension, Administrative Non-Compliance – Payment(s) of one concurrent indemnity benefit have stopped because of administrative non-compliance, and payment(s) of other indemnity benefits continues.
Record: A49; R22

P4 Partial Suspension, Employee Death – Payment(s) of one concurrent indemnity benefit have stopped because of employee death, and payment(s) of other indemnity benefits continues.
Record: A49; R22

P5 Partial Suspension, Incarceration – Payment(s) of one concurrent indemnity benefit have stopped because the employee has been incarcerated, and payment(s) of other indemnity benefits continues.
Record: A49; R22

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78. MAINTENANCE TYPE CODE – DN0002 (continued)

P7 Partial Suspension, Benefits Exhausted – Payment(s) of one concurrent indemnity benefit have stopped because limits of benefit or entitlement have been reached, and payment(s) of other indemnity benefits continues.
Record: A49; R22

P9 Partially Suspended Pending Settlement Approval – Payment(s) of one concurrent indemnity benefit have stopped pending settlement approval, and payment(s) of other indemnity benefits continues.
Record: A49; R22

PJ Partially Suspended Pending Appeal or Judicial Review – Payment(s) of one concurrent indemnity benefit have stopped pending appeal or judicial review and payment(s) of other indemnity benefits continues.
Record: A49; R22

PD Partial Denial – A specific benefit(s) is currently being denied.
Record: A49
DP Rule:

- A previous subsequent report may or may not have been filed. A previous First Report must have been filed.
- MTC PD (Partial Denial) is not to be used in conjunction with the Full Denial data elements: Full Denial Reason Code and Full Denial Effective Date. Denial Reason Narrative can be used to further explain benefits being denied.
- Depending upon the jurisdiction's requirements, for sequencing purposes, an RB may follow a PD without a previous Sx.

PY Payment Report – Identifies lump sum payment/settlement reports OR jurisdiction-required reporting of the first payment of Other Benefit Type Codes for medical, funeral, penalty, and attorney fees. This is not to be used for monitoring ongoing payments.
DP Rule: If more than one check is issued for the same indemnity Benefit Type/Payment Reason Code, all indemnity checks issued should be populated in the Payments segment. Refer to Variable Segment Population Rules (Payments Segment) in Section 4. The Steering Committee/EDI Council directed that Payee (DN0217) was established for specified transactions only (IP, AP, PY, RB, or any corresponding 02 or CO for those specified Maintenance Type Codes) and that individual weekly check information would not be reported in Release 3. This is a free form text field that cannot be edited by the jurisdiction.
Record: A49; R22

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78. MAINTENANCE TYPE CODE – DN0002 (continued)

RB Reinstatement of Benefits – Indemnity payments previously paid by the claim administrator have been resumed by the claim administrator, but the reinstated benefit type may or may not have been paid previously.
Record: A49; R22
DP Rule:

- A previous subsequent report must have been filed terminating all indemnity payments. Depending upon the jurisdiction's termination requirements, this could include an MTC Sx (Full Suspension), an MTC 04 (SROI Full Denial) that is acting like a suspension when benefit(s) are being terminated at the time of the denial, or an MTC FN (Final).
    - The Benefit Type Code being resumed may or may not have been previously paid.
    - The RB Maintenance Type Code should be used if either of the following conditions apply.
    - A previous subsequent report must have been filed terminating all indemnity payments. Depending upon the jurisdiction's termination requirements, this could include an MTC Sx (Full Suspension), an MTC 04 (SROI Full Denial) that is acting like a suspension when benefit(s) are being terminated at the time of the denial, or an MTC FN (Final).
- The Benefit Type Code being resumed may or may not have been previously paid.

RE Reduced Earnings – The injured employee has returned/been released to return to work and actual or deemed earnings for each reduced earnings week is reported.
Record: A49; R22
DP Rules:

- An IP or AP report has already been filed. The user must reference the trading partner agreement to determine when a submission is required.
- Reduced Earnings are transmitted upon payment of Temporary Partial Disability.
- When a Temporary Partial Disability payment is made at the time of a claim event, such as Initial Payment, Change of Benefit, or Suspension, etc. the corresponding MTC (IP, CB, Sx, etc.) is used.
- The RE Maintenance Type Code should be used if the Gross Weekly Amount changes because of application of the employee's current weekly wages while receiving Temporary Partial benefits (Benefit Type Code 070).
- Whenever there is a change to the Actual or Deemed Reduced Earnings which result in a change to the Gross Weekly Amount, a new "RE" transaction that includes the Reduced Earnings segment is sent to the jurisdiction. The only exception is when the Gross Weekly Amount changes to zero as a result of the injured worker's earnings meeting or exceeding the Average Wage. In that situation, an "RE" filing is not necessary until Temporary Partial benefits are actually paid (at that time, however, a Reduced Earnings segment must be sent covering all weeks from the Benefit Period Through Date on the previous transaction) or some other event occurs in the claim (i.e., suspension due to lifting of restrictions, etc.). (See Variable Segment Population Rules in Section 4).

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78. MAINTENANCE TYPE CODE – DN0002 (continued)

S1 Suspension, Returned to Work, or Medically Determined/Qualified to Return to Work - All payments of indemnity benefits have stopped because the employee has returned to work or has been medically determined qualified to return to work.
Record: A49; R22

S2 Suspension, Medical Non-Compliance – All payments of indemnity benefits have stopped because of medical non-compliance.
Record: A49; R22
DP Rule: Non-compliance of any party, relating to a medical issue. For example: employer, doctor, and employee. This includes vocational rehabilitation for those jurisdictions that consider vocational rehabilitation a medical benefit.

S3 Suspension, Administrative Non-Compliance – All payments of indemnity benefits have stopped because of administrative non-compliance.
Record: A49; R22
DP Rule: Non-compliance of any party, relating to a non-medical issue. For example: employer, doctor, and employee. This includes vocational rehabilitation for those jurisdictions that do not consider vocational rehabilitation a medical benefit.

S4 Suspension, Claimant Death – All payments of indemnity benefits have stopped because the employee has died.
Record: A49; R22
DP Rule: The Death Result of Injury Code (DN0146) will provide a determination as to whether the employee died as a result of a work-related injury.

S5 Suspension, Incarceration – All payments of indemnity benefits have stopped because the employee has been incarcerated.
Record: A49; R22

S6 Suspension, Claimant's Whereabouts Unknown – All payments of indemnity benefits have stopped because the employee's whereabouts are unknown.
Record: A49; R22

S7 Suspension, Benefits Exhausted – All payments of indemnity benefits have stopped because limits of benefit or entitlement have been reached.
Record: A49; R22

S8 Suspension, Jurisdiction Change – All payments of benefits for the jurisdiction receiving the S8 have stopped because the jurisdiction has been changed. The jurisdiction receiving the S8 should mark their claim as closed.
Record: A49; R22
DP Rule: When a claim is transferred to another jurisdiction after a payment(s) has been made, a Maintenance Type Code S8, Jurisdiction Change, is used to submit a Subsequent Report to the original jurisdiction. Maintenance Type Code 00 is used to submit a First Report to the new jurisdiction. Maintenance Type Code "IP" with Late Reason Code "L4" (Late notification, jurisdiction transfer) is used to submit a Subsequent Report to the new jurisdiction. Refer to 01 Cancel Processing Rules and Jurisdiction Changes in Section 4.

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78. MAINTENANCE TYPE CODE – DN0002 (continued)

S9 Suspended Pending Settlement Approval – All payments of indemnity benefits have stopped pending settlement approval.
Record: A49; R22

SD Suspension, Directed by Jurisdiction – All payments of indemnity benefits have stopped per jurisdiction order.
Record: A49; R22

SJ Suspended Pending Appeal or Judicial Review – All payments of indemnity benefits have stopped pending appeal or judicial review.
Record: A49; R22

UI Under Investigation – A determination has not yet been made as to whether this is a compensable claim. This MTC may be sent as the First Report.
Record: 148; A49

UR Upon Request – Submitted in response to a specific request from the Jurisdiction, and manually triggered by the Claim Administrator.
Record: 148; A49
DP Rule: A separate Element Requirement Table "Upon Request Requirements" has been developed to assist jurisdictions in defining their requirements when a data call is necessary. The Requirement Table can be downloaded from the IAIABC website: www.iaiabc.org.

VE Volunteer – The claimant is a volunteer for the covered employer and the claim administrator will make no indemnity payments on this lost time claim.
Record: A49
DP Rule: The VE is filed to meet jurisdictional reporting requirements when a SROI is expected on claims without any indemnity due and involving lost time for unpaid volunteers. If a volunteer has concurrent employment for which compensation will be paid, or the jurisdiction requires that a volunteer receive compensation for indemnity when no salary was paid, the AP (if first payment after acquisition), IP, EP, or PY (if paid in a lump sum) should be sent.

Periodic Report Values – Periodic Reports are subsequent Reports that commence and terminate according to Trading Partner Table options, and repeat at specified intervals during the period.

AN Annual – Submitted at yearly intervals based on the report trigger criteria column located on the jurisdiction's Event Table.
Record: A49

BM Bi-Monthly – Submitted at two-month intervals based on the report trigger criteria column located on the jurisdiction's Event Table.
Record: A49

BW Bi-Weekly – Submitted at two-week intervals based on the report trigger criteria column located on the jurisdiction's Event Table.
Record: A49

MN Monthly – Submitted at one-month intervals based on the report trigger criteria column located on the jurisdiction's Event Table.
Record: A49

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78. MAINTENANCE TYPE CODE – DN0002 (continued)

QT Quarterly – Submitted at three-month intervals based on the report trigger criteria column located on the jurisdiction's Event Table.
Record: A49

SA Sub-Annual – Submitted at timeframe(s) as defined on the jurisdiction's Event Table.
Record: A49

79. MAINTENANCE TYPE CODE DATE – DN0003

Definition: The date the Maintenance Type Code was moved to the transmission queue or flagged for transmission.
Orig/Rev: 03/11/94, 07/01/97, 09/26/98, 11/30/98, 09/03/03
Record: 148; A49; AKC; ARC
Format: 8 DATE

80. MAINTENANCE TYPE CORRECTION CODE – DN0295

Definition: The Maintenance Type Code from the transaction that is being corrected in response to an acknowledgment containing non-critical errors (TE).
Orig/Rev: 06/15/03
Record: R21; R22; AKC; ARC
Format: 2 A/N
Values: Maintenance Type Codes (DN0002) except "CO"
DP Rule: Refer to Error Correction Technical Rules in Section 4 for usage and processing of this data element. The Maintenance Type Correction Code must be populated with the Maintenance Type Code from the erroneous transaction. This field is only populated on a Correction (CO) transaction.

81. MAINTENANCE TYPE CORRECTION CODE DATE – DN0296

Definition: The Maintenance Type Code Date from the transaction that is being corrected in response to an acknowledgment containing non-critical errors (TE).
Orig/Rev: 06/15/03
Record: R21; R22; AKC; ARC
Format: 8 DATE
DP Rule: The Maintenance Type Correction Code Date must be populated with the date from the erroneous transaction. This field is only populated on a Correction (CO) transaction.

82. NET WEEKLY AMOUNT – DN0087

Definition: For MTC's IP, CA, CB, AP, AB, 02, CO, RB, RE, PY, Px, Sx (Benefit Type Code 0XX series only): The weekly amount which is due by the current claim administrator for that benefit type, after applying adjustments and credits to the Gross Weekly Amount.
For MTC's EP and ER only (other than Benefit Type Code 240): The weekly amount of the workers' compensation benefit the employee would be receiving instead of salary paid in lieu of compensation benefits by the employer as continued wages.
Orig/Rev: 02/03/95, 07/01/97, 10/09/03, 02/8/05, 02/24/05, 03/31/07
Record: R22
Format: $9.2

82. NET WEEKLY AMOUNT – DN0087 (continued)

DP Rule: Refer to Variable Segment Population Rules (Benefits Segment) in Section 4. The amount will equal the weekly rate as determined by jurisdiction statute (i.e. comp rate) plus or minus any applicable adjustments or credits for the corresponding benefit type. This is equal to the Gross Weekly Amount (DN0174) when there are no adjustments or credits.

In the event of an acquired claim, the current claim administrator would report the Net Weekly Amount as it applies to their payments rather than to the previous claim administrator's payments.

83. NET WEEKLY AMOUNT EFFECTIVE DATE – DN0211

Definition: For MTC's IP, CA, CB, AB, 02, CO, RB, RE, PY, Px, Sx (Benefit Type Code 0XX series only): The date the Net Weekly Amount became effective as applied by the current Claim Administrator. For MTC AP and all subsequent MTC's filed on acquired claims, this may be prior to the acquisition date if the acquiring claim administrator issued payment(s) for a period of time in which the file was handled by the previous claim administrator.

For MTC's EP and ER only (other than Benefit Type Code 240): The date the Net Weekly Amount became effective is the date the employee is receiving salary paid in lieu of compensation benefits by the employer as continued wages.

Orig/Rev: 07/01/97, 10/09/03, 02/8/05, 02/24/05, 03/31/07, 01/01/08
Record: R22
Format: 8 DATE
DP Rule: Refer to Variable Segment Population Rules (Benefits Segment) in Section 4. This date should never be prior to the date of accident.

84. NON-CONSECUTIVE PERIOD CODE – DN0212

Definition: A code that reflects whether the waiting period; benefit period; or benefit adjustment, credit, or redistribution period being reported was comprised of non-consecutive days of disability.

Orig/Rev: 07/01/97, 02/07/2013
Record: R22
Format: 1 A/N

Values:

W = Waiting Period: The actual dates of the waiting period cannot be captured if they are non-consecutive. If the employee is off work more than once during the waiting period, the Non-Consecutive Period Code "W" is used to report that the waiting period is composed of intermittent dates. The data elements: Initial Date Last Day Worked; Initial Date Disability Began; Initial Return to Work Date; Current Date Last Day Worked; Current Date Disability Began; and Latest Return to Work Status Date will give you the first and most recent of those dates. Any dates in between are not transmitted/provided. If applicable, this code is transmitted with MTC – IP or AP (if this is the first payment on the case).

B = Benefit Period: The Benefit Type Amount Paid, Benefit Type Claim Weeks and Benefit Type Claim Days do not represent a continuous period of time from the Benefit Period Start Date through the Benefit Period Through Date. This code is not transmitted with Final or Periodic MTC's. If sent with MTC IP, use "B" only if Code "W" does not apply.

84. NON-CONSECUTIVE PERIOD CODE – DN0212 (continued)

A = Adjustment/Credit/Redistribution: The A/C/R Start and End Dates do not represent a continuous period of time in relation to the adjusted Benefits. This code is not transmitted with Final or Periodic MTC's. If sent with MTC IP, use "A" only if neither Code "B" or "W" applies.
DP Rule: The Non-Consecutive Period Code should be transmitted if the employee returns to work at least once during the waiting period, the benefit period being reported contains payment information for non-consecutive days, or applied adjustment, credit, or redistribution dates are non-consecutive.
Hierarchy – In the event that two Non-Consecutive Period Codes apply to the reported benefit period, the topmost code in the following hierarchy will be reported, i.e., if both the Benefit Period and an Adjustment period apply, report as a Benefit period:

W – Waiting Period
B – Benefit Period
A – Adjustment/Credit/Redistribution

85. NUMBER OF BENEFIT ACR – DN0289

Definition: The number of Benefit ACR segment occurrences.
Orig/Rev: 04/22/02, 09/01/07
Record: R22
Format: 3 N
Max Occ. 090
Values: 00 – 090

86. NUMBER OF BENEFITS – DN0288

Definition: The number of Benefit segment occurrences.
Orig/Rev: 04/22/02
Record: R22
Format: 2 N
Max Occ. 10
Values: 00 through 10

87. NUMBER OF CONCURRENT EMPLOYERS – DN0275

Definition: The number of Concurrent Employers segments occurrences.
Orig/Rev: 04/22/02
Record: R22
Format: 2 N
Max Occ: 2
Values: 00 through 02

88. NUMBER OF DAYS WORKED PER WEEK – DN0064

Definition: The employee's number of regularly scheduled workdays per week.
Orig/Rev: 03/11/94, 07/01/97, 06/01/06
Record: 148; A49
Format: 1 N
DP Rule: Since this is the number of days worked with the covered employer at the time of injury, it should not change, unless reported incorrectly. This data element has no relationship to concurrent employment.

89. NUMBER OF DEATH DEPENDENT/PAYEE RELATIONSHIPS – DN0082

Definition: The number of Death/Dependent Payee segment occurrences.
Orig/Rev: 06/07/95
Record: A49
Format: 2 N
Values: 00 through 12

90. NUMBER OF DENIAL REASON NARRATIVES – DN0276

Definition: The number of Denial Reason Narrative segment occurrences.
Orig/Rev: 04/22/02
Record: R21; R22
Format: 2 N
Max Occ: 3
Values: 00 through 03

91. NUMBER OF FULL DENIAL REASON CODES – DN0277

Definition: The number of Full Denial Reason Codes segment occurrences.
Orig/Rev: 04/22/02
Record: R21; R22
Format: 2 N
Max Occ: 5
Values: 00 through 05

92. NUMBER OF OTHER BENEFITS – DN0282

Definition: The number of Other Benefits segment occurrences.
Orig/Rev: 04/22/02
Record: R22
Format: 2 N
Max Occ: 25
Values: 00 through 25

93. NUMBER OF PAYMENTS – DN0283

Definition: The number of Payment segment occurrences.
Orig/Rev: 04/22/02
Record: R22
Format: 2 N
Max Occ: 5
Values: 00 through 05

94. NUMBER OF PERMANENT IMPAIRMENTS – DN0078

Definition: The number of Permanent Impairment segment occurrences.
Orig/Rev: 06/07/95
Record: A49
Format: 2 N
Max Occ: 6
Values: 00 – 06

95. NUMBER OF RECOVERIES – DN0284

Definition: The number of Recoveries segments occurrences.
Orig/Rev: 04/22/02
Record: R22
Format: 2 N
Max Occ: 10
Values: 00 through 10

96. NUMBER OF REDUCED EARNINGS – DN0285

Definition: The number of Reduced Earnings segment occurrences.
Orig/Rev: 04/22/02
Record: R22
Format: 2 N
Max Occ: 52
Values: 00 through 52

97. NUMBER OF SUSPENSION NARRATIVES – DN0287

Definition: The number of Suspension Narrative segment occurrences.
Orig/Rev: 04/22/02
Record: R22
Format: 2 N
Max Occ: 3
Values: 00 through 03

98. OTHER BENEFIT TYPE AMOUNT – DN0215

Definition: The cumulative amount paid to date associated with an Other Benefit Type Code (DN0216).
For acquired claims, the Other Benefit Type Amount will be the cumulative amount to date associated with an Other Benefit Type Code paid by the acquiring claim administrator.
Orig/Rev: 07/01/97, 03/15/05, 11/22/05
Record: R22
Format: $9.2

99. OTHER BENEFIT TYPE CODE – DN0216

Definition: A code identifying miscellaneous benefits not otherwise specifically defined with a Benefit Type Code (DN0085).
Orig/Rev: 07/01/97, 12/01/99, 05/13/03, 03/14/2005, 11/22/05, 05/05/06, 04/11/08
Reference: See each code below for specifics.
Record: R22
Format: 3 A/N
DP Rule: If a medical bill covers charges that fall under more than one OBT code, the code that is tied to the type of provider being paid should be used.
Values: **300 Total Funeral Costs** – Sum of the funeral expenses paid for this claim.

310 Total Penalties – Sum of the penalties paid for this claim, including the penalty amount(s) paid to the employee/dependents (code 311).

311 Total Employee Penalties - Sum of penalties paid to the employee/ dependents for this claim.

320 Total Interest – Sum of the interest paid for this claim, including the interest paid to the employee/dependents (code 321).

321 Total Employee Interest – Sum of interest paid to the employee/ dependents for this claim.

330 Total Employer's Legal Expenses – Sum of the employer's legal expenses paid for this claim.

99. OTHER BENEFIT TYPE CODE – DN0216 (continued)

340 Total Claimant's Legal Expenses – Sum of the claimant's legal expenses paid for this claim. Note: This excludes employee attorney fees that are determined to be the responsibility of the employee but are deducted from any lump sum payments/settlements. Those attorney fees should be coded as the same indemnity type as the lump sum payment/settlement. If part of a weekly indemnity check is redistributed to a claimant's attorney, it should be sent as a weekly Benefit Redistribution Code "K" (Claimant Attorney Fees) rather than OBT Code 340.

350 Total Payments to Physicians – Sum of services paid to physicians for this claim.

360 Total Hospital Costs – Sum of services paid to hospitals for this claim.

370 Total Other Medical – Sum of medical services not otherwise reported for this claim.

380 Total Vocational Rehabilitation Evaluation – Sum of vocational rehabilitation evaluation services for this claim.

390 Total Vocational Rehabilitation Education – Sum of vocational rehabilitation education payments for this claim.

400 Total Other Vocational Rehabilitation – Sum of vocational rehabilitation services not otherwise reported for this claim.

420 Total Expert Witness Fees – Sum of fees paid to expert witnesses for this claim.

421 Total Court Reporter Fees – Sum of fees paid to court reporters taking transcription at court hearings and depositions on this claim.

422 Total Private Investigator Fees – Sum of fees paid to private investigators monitoring and documenting activities of the claimant for this claim.

430 Total Unallocated Prior Indemnity Benefits – Sum of prior indemnity benefits paid to date by the previous Claim Administrator(s).

440 Total Unallocated Prior Medical – Sum of prior medical paid to date by the previous Claim Administrator(s).

450 Total Pharmaceutical Costs – Sum of the prescribed pharmacy costs paid for this claim.

455 Total Dental Costs – Sum of dental expenses paid for this claim.

460 Total Physical Therapy Costs – Sum of physical therapy expenses paid for this claim.

465 Total Chiropractic Costs – Sum of relevant chiropractic expenses paid for this claim.

470 Total Durable Medical Costs – Sum of costs for durable medical goods paid for this claim.

99. OTHER BENEFIT TYPE CODE – DN0216 (continued)

475 Total Medical Travel Costs – Sum of relevant medical travel expenses paid for this claim. Examples are: mileage, room & board, childcare expenses etc.

480 Total Employee Medical-Legal Costs – The cost for ordered evaluations, medical exams, and related non-treatment medical opinions selected by the employee and paid by the claim administrator for the purpose of adjudication or dispute resolution.

485 Total Employer/Claim Administrator Medical-Legal Costs – The

cost for ordered evaluations, medical exams, and related non-treatment medical opinions selected and paid by the employer/claim administrator for the purpose of adjudication or dispute resolution.

490 Total Agreed Upon/Directed Medical-Legal Costs – The cost for ordered evaluations, medical exams, and related non-treatment medical opinions selected by both parties or the jurisdiction and paid by the employer/claim administrator for the purpose of adjudication or dispute resolution.

100. PARTIAL DENIAL CODE – DN0294

Definition: A code identifying which portion of the claim is being denied at the time of the MTC PD submission.
Orig/Rev: 05/08/02, 09/10/03, 01/20/06, 02/8/06, 09/21/06, 08/21/09
Record: R22
Format: 1 A/N
Values:
A = Denying Indemnity in whole, but not Medical
B = Denying Indemnity in part, but not Medical
C = Denying Medical in whole, but not Indemnity
D = Denying Medical in part, but not Indemnity
E = Denying Indemnity in whole and Medical in part
F = Denying Medical in whole and Indemnity in part
G = Denying both Indemnity and Medical in part
DP Rule: Applicable to MTC PD (Partial Denial) (or its corresponding CO, 02 or UR) only. Partial Denial Codes are used when only a portion of the claim is being denied. These codes are always sent with MTC PD (Partial Denial or its corresponding
CO, 02, or UR), and are not to be used in conjunction with the Full Denial data elements: Full Denial Reason Code and Full Denial Effective Date.
If the Initial Payment (IP or AP) on the claim involves partial denial of indemnity benefits, the MTC IP should be preceded by MTC PD.

101. PAYEE – DN0217

Definition: For PY (or any corresponding 02 or CO), or when the jurisdiction requires the reporting of Payee on an IP, AP, or RB: The name of the individual, organization, or court assignment to whom the check is being issued.
Orig/Rev: 07/01/97, 12/01/99, 05/27/03, 02/8/05
Record: R22
Format: 40 A/N
DP Rule: Refer to Variable Segment Population Rules (Payments Segment) in Section 4. The Steering Committee/EDI Council directed that Payee (DN0217) was established for specified transactions only (IP, AP, PY, RB or any corresponding 02 or CO for those specified Maintenance Type Codes) and that individual weekly check information would not be reported in Release 3.
This is a free form text field that cannot be edited by the jurisdiction.

102. PAYMENT AMOUNT – DN0218

Definition: The net amount of the check.
Orig/Rev: 07/01/97
Record: R22
Format: $9.2
DP Rule: Refer to Variable Segment Population Rules (Payments Segment) in Section 4. Used for reporting one-time payments. Not to be used for ongoing indemnity benefit payments. If a Payment Amount is present, Payment Reason Code (DN222) should also be sent.

103. PAYMENT COVERS PERIOD START DATE – DN0219

Definition: The beginning date of the period covered by a payment.
Orig/Rev: 07/01/97
Release: R22
Format: 8 DATE
DP Rule: Refer to Variable Segment Population Rules (Payments Segment) in Section 4.

104. PAYMENT COVERS PERIOD THROUGH DATE – DN0220

Definition: The last date of the period covered by a payment.
Orig/Rev: 07/01/97
Record: R22
Format: 8 DATE
DP Rule: Refer to Variable Segment Population Rules (Payments Segment) in Section 4.

105. PAYMENT ISSUE DATE – DN0195

Definition: For IP, AP, PY, RB: The date that the check that initiated the MTC is officially surrendered during business hours to a letter delivery organization or the date the funds are made available to the employee via electronic funds transfer (EFT), or is available for pick up per agreement with the employee. For CO transactions that have an MTCC of IP, AP, PY, or RB: the date of the check or the date of EFT funds availability that initiated the IP, AP, PY, or RB that received a TE acknowledgment code.

Orig/Rev: 07/01/97, 11/30/98, 12/01/99, 05/27/03, 09/6/03, 02/8/05, 02/25/05, 3/1/06, 7/30/13

Record: R22

Format: 8 DATE

DP Rule: The Payment Issue Date is in the Payments Segment. The equivalent of this data element in the Benefits Segment is Benefit Payment Issue Date (DN0192). Refer to Variable Segment Population Rules (Benefits Segment and Payments Segment) in Section 4. The Steering Committee/ EDI Council directed that Payment Issue Date (DN0195) was established for specified transactions only (IP, AP, PY, RB, or any corresponding 02 or CO for those specified Maintenance Type Codes) and that individual weekly check information would not be reported.

106. PAYMENT REASON CODE – DN0222

Definition: A code, equating to a Benefit Type Code (DN0085) or an Other Benefit Type Code (DN0216), used when:

- The jurisdiction requires the reporting of lump sum payments/ settlements (PY MTC).
- The jurisdiction requires the reporting of the first payment of funeral, penalty, attorney fees, or a minimum threshold amount of medical.
- The jurisdiction requires the reporting of Payee on an IP, AP, or RB (which requires the Payments segment to be sent).

Orig/Rev: 07/01/97, 04/08/03, 02/08/05, 05/05/06
Record: R22
Format: 3 A/N
Values: See Benefit Type Code and Other Benefit Type Code values for medical (350, 360, 370, 450, 455, 460, 465, 470), funeral (300), penalty (310, 311), and attorney fees (330 & 340)
DP Rule: Refer to Variable Segment Population Rules (Payments Segment) in Section 4

107. PERMANENT IMPAIRMENT BODY PART CODE – DN0083

Definition: A code referencing the anatomic classification of the injury.
Orig/Rev: 03/11/94, 07/01/97
Record: A49
Format: 3 A/N
Values: See link below for codes:
https://labor.alabama.gov/wc/EDI/edipg8.aspx.

108. PERMANENT IMPAIRMENT MINIMUM PAYMENT INDICATOR – DN0223

Definition: An indicator that the payment is being made for a minimum amount when a final rating is not yet available.
Orig/Rev: 07/01/97, 11/30/98
Record: R22
Format: 1 A/N
Values: Y = Yes
N = No
DP Rule: If this data element is required by the jurisdiction, the code should be set to "Y" if the amount was based on a minimum and "N" if not. If the code was originally sent as "Y" and a minimum rate is no longer being paid, the code should be reset to "N".

109. PERMANENT IMPAIRMENT PERCENTAGE – DN0084

Definition: The amount of anatomic or functional abnormality or loss which results from the injury and exists after the date of maximum medical improvement.
Orig/Rev: 03/11/94, 07/01/97, 09/15/05
Record: A49
Format: 3.2
Values: 00000 (0%) to 10000 (100%)

110. PHYSICAL RESTRICTIONS INDICATOR – DN0224

Definition: An indicator that identifies whether or not physical restrictions exist upon the employee's release or actual return to work.
Orig/Rev: 07/01/97, 11/30/98, 10/04/00, 04/11/08, 02/07/13
Record: R21; R22
Format: 1 A/N
Values: N = Without Physical Restrictions
Y = With Physical Restrictions
DP Rule: The Physical Restrictions Indicator is required whenever an Initial Return to Work Date or Latest Return to Work Status Date is sent on the transaction.

- FROI Transactions: The Physical Restrictions Indicator will refer to the Initial Return to Work Date. If the Physical Restrictions Indicator was reported incorrectly, a FROI MTC 02 to report the correct initial Physical Restrictions Indicator may be sent based on a jurisdiction's requirements.
- SROI Transactions: If both the Initial Return to Work Date and the Latest Return to Work Status Date are sent, the Physical Restrictions Indicator will refer to the Latest Return to Work Status Date (DN0072).
- Any activity that affects the Physical Restrictions Indicator after the Initial Return to Work Date should be reported along with the Latest Return to Work Status Date (DN0072).

111. PRE-EXISTING DISABILITY CODE – DN0069

Definition: An indicator identifying the existence of a disability that existed prior to the injury.
Orig/Rev: 03/11/94, 07/01/97
Record: A49
Format: 1 A/N
Values: Y = Yes
N = No
U = Unknown

112. RETURN TO WORK TYPE CODE – DN0189

Definition: A code identifying whether a return to work date is the date the injured worker was released to return to work or actually returned to work.
Orig/Rev: 07/01/97, 10/04/00, 05/14/03, 04/11/08, 02/07/13
Record: R21; R22
Format: 1 A/N
Values: **A** = Actual
R = Released
DP Rule: The Return to Work Type Code is required whenever an Initial Return to Work Date or Latest Return to Work Status Date is sent on the transaction.

- FROI Transactions: The Return to Work Type Code will refer to the Initial Return to Work Date. If the Initial Return to Work Type Code was reported incorrectly, a FROI MTC 02 may be sent to report the correct the initial Return to Work Type Code based on a jurisdiction's requirements.
- SROI Transactions: If both the Initial Return to Work Date and the Latest Return to Work Status Date are sent, the Return to Work Type Code will refer to the Latest Return to Work Status Date (DN0072).
- Any activity that affects the Return to Work Type Code after the Initial Return to Work Date should be reported along with the Latest Return to Work Status Date (DN0072).

113. RETURN TO WORK WITH SAME EMPLOYER INDICATOR – DN0228

Definition: An indicator identifying whether or not the employee returned to work with the same employer at which the injury occurred.
Orig/Rev: 07/01/97, 10/04/00, 05/14/03, 06/15/04
Record: R21; R22
Format: 1 A/N
Values: **Y** = Yes
N = No
DP Rule: This value applies only when the Return to Work Type Code = "A" (Actual).

114. SUSPENSION EFFECTIVE DATE – DN0193

Definition: The last date through which the concurrent indemnity benefit being partially suspended are due or the last date through which all indemnity benefits are due.
Orig/Rev: 07/01/97, 03/01/05, 02/08/06, 12/07/11
Record: R22
Format: 8 DATE
DP Rule: This is only applicable on MTC Px and Sx (or its corresponding CO), 02, or UR. Suspension Effective Date may be a future date if Permanent Partial Benefits (030, 230, 530, 040, 240, or 540) or Fatality Benefits (010, 210, or 510) are paid in a lump sum and benefits are subsequently suspended.

115. TRANSACTION SET ID – DN0001

Definition: A code that identifies the transaction being sent/received.
Orig/Rev: 08/18/94
Record: HD1; A49; 148; R21; R22; TR2; AKC; ARC
Format: 3 A/N
Values: **148** = First Report
R21 = First Report Companion Record
A49 = Subsequent Report
R22 = Subsequent Report Companion Record
AKC = Claims Acknowledgment Detail Record
ARC = Claims Re-Acknowledgment Detail Record
HD1 = Transmission Header Record
TR2 = Transmission Trailer Record

116. TYPE OF LOSS CODE – DN0290

Definition: A code indicating the type of loss being reported.
Orig/Rev: 12/31/02, 05/16/03
Record: R21; R22
Format: 2 A/N
Values: **01 = Traumatic Injury** – An injury that is traceable to a definite accident during the worker's present employment.
02 = Occupational Disease – An injury caused by exposure to a disease-producing agent in the worker's occupational environment. Injuries of this type are not traceable to a definite accident during the worker's past or present employment.
03 = Cumulative Injury (Other than Disease) – An injury having occurred from, or aggravated by, a repetitive employment activity. Injuries of this type are not traceable to a definite accident during the worker's past or present employment.

117. WAGE EFFECTIVE DATE – DN0256

Definition: The date the average wage became effective.
Orig/Rev: 07/01/97
Record: R22
Format: 8 DATE
DP Rule: This date should never be prior to the date of accident.

118. WAGE PERIOD CODE – DN0063

Definition: A code to designate the time period upon which the reported Wage (DN0062) or Average Wage (DN0286) was based.
Orig/Rev: 03/11/94, 07/01/97, 12/01/99, 05/27/03, 04/28/04
Record: 148; A49
Format: 2 A/N
Values:

148 (FROI)	**A49 (SROI)**
01 = Weekly	01 = Weekly
02 = Bi-Weekly	04 = Monthly
04 = Monthly	
06 = Daily	
07 = Hourly	

DP Rule: Always required when Wage, Average Wage, or Concurrent Employer Wage (DN0143) is reported. The Wage Period Code for the concurrent employer is always equivalent to the Wage Period Code for the primary employer.

119. WORK DAYS SCHEDULED CODE – DN0205

Definition: A code that identifies the employee's seven day work schedule at the time of injury.
Orig/Rev: 02/19/2013
Record: R21; R22
Format: 7 A/N – see DP Rule for specific population
Values: **S** = Scheduled
N = Not Scheduled
DP Rule: Format = DDDDDDD where each D is a calendar day of the week.

- First position is Sunday,
- Second position is Monday,
- Third position is Tuesday,
- Fourth position is Wednesday,
- Fifth position is Thursday,
- Sixth position is Friday, and
- Seventh position is Saturday.

All 7 bytes should be populated with S or N in the applicable calendar day position; null in any position is invalid. For example, Monday through Friday should be presented as NSSSSSN.

DN0205 Work Days Scheduled Code may be used in conjunction with DN0204 Work Week Type Code. If the Work Week Type Code is equal to S or V, the Work Days Scheduled Code cannot be required. Since this represents the scheduled work days with the covered employer at the time of injury, it should not change unless it was reported incorrectly. This data element has no relationship to the injured worker's concurrent employment. Jurisdictions cannot require this data element in the following cases:

- Full Denials (FROI and SROI MTC 04),
- Partial Indemnity Denials (MTC PD with a Partial Denial Code of A or
- E), Acquired Claims (MTC AQ, AU, or AP),
- Claims with a Type of Loss Code equal to 02 or 03, or where Claim Type Code is equal to B, M, or N.

This DN cannot be required on claims with a Date of Injury prior to 1/1/2014 or prior to the jurisdiction's adoption of the data element whichever is later. If a jurisdiction requires Work Week Type Code and/or Work Days Scheduled Code and Number Of Days Worked Per Week (DN0064), the elements may be edited against each other.

120. WORK WEEK TYPE CODE – DN0204

Definition: A code that identifies the type of the employee's work schedule at the time of injury.
Orig/Rev: 02/19/2013
Record: R21; R22
Format: 1 A/N
Values: **S**= Standard Work Week – set work days each week are Monday through Friday inclusive
F= Fixed Work Week – set work days each week, but not Monday through Friday inclusive (example: Tuesday through Saturday, or Saturday and Sunday)
V= Varied Work Week– scheduled work days change from week to week

120. WORK WEEK TYPE CODE – DN0204 (continued)

DP Rule: DN0204 Work Week Type Code may be used in conjunction with DN0205 Work Days Scheduled Code. If the Work Week Type Code is equal to S or V, the Work Days Scheduled Code cannot be required. Since this represents the type of work week with the covered employer at the time of injury, it should not change unless it was reported incorrectly. This data element has no relationship to the injured worker's concurrent employment.

This data element cannot be required in the following cases:

- Full Denials (FROI and SROI MTC 04),
- Partial Indemnity Denials (MTC PD with a Partial Denial Code of A or E),
- Acquired Claims (MTC AQ, AU, or AP),
- Claims with a Type of Loss Code equal to 02 or 03, or
- Claim Type Code is equal to B, M, or N.

This DN cannot be required on claims with a Date of Injury prior to 1/1/2014 or prior to the jurisdiction's adoption of the data element, whichever is later. If a jurisdiction requires Work Week Type Code and/or Work Days Scheduled Code and Number Of Days Worked Per Week (DN0064), the elements may be edited against each other.

121. REDUCED BENEFIT AMOUNT CODE – DN0202

Definition: A code that identifies the reason a Benefits segment may be missing from a transaction or may contain values less than reported in a previous transaction due to a benefit amount being decreased or reclassified or a claim being reported that was settled under another Date of Injury.

Orig/Rev: 01/19/07, 09/21/09, 11/4/10, 01/28/15,

01/01/19 Record: R22

Format: 1 A/N

Values: **Z = Net to zero**

Indemnity benefit are owed to the injured worker, but because of a full offset due to an adjustment, credit, or reduced earnings, the Net Weekly Amount has been reduced to zero. This code is only present during the time the benefit is being reduced to zero. This code should not be used in conjunction with 2xx Employer Paid Benefits.

DP Rule: The presence of code "Z" means that a "Benefits" segment may or may not be present on the transaction. The "Benefits" segment will only be present on the transaction of indemnity benefits had been paid for this claim prior to the Net Weekly Amount being reduced to zero.

D = Decrease in Indemnity

Indemnity benefits paid on this claim have been fully or partially reduced from the Benefit Type Amount Paid that was previously reported, and the current Benefit information reported is deemed to be the accurate picture of indemnity benefits for this claim. Examples of this could include an unrecovered overpayment that was moved to "expense" or a previous reporting error.

DP Rule: The presence of code "D" means that a Benefits segment may or may not be present and the corresponding Benefit segment information for one or more Benefit Type Codes (and any corresponding ACR Amount(s)) that were previously reported, may be either reduced or removed. A Reduced Benefit Amount Code D should never be reported on the initial SROI transaction.

121. REDUCED BENEFIT AMOUNT CODE – DN0202 (continued)

Examples include a CA that reflects a lower Average Wage/Calculated Weekly Compensation Amount/Gross Weekly Amount/Net Weekly Amount, and corresponding Benefit Type Amount Paid due to an unrecovered overpayment that has been reclassified to expense.

N = No Money Settlement

A settlement has been agreed upon/approved for a single date of injury and the Claim Administrator is not paying any money as part of the workers' compensation settlement.

DP Rule: The presence of code "N" means that a "Payments" segment will not be present on the transaction and a "Benefits" segment will only be present on the transaction if indemnity benefits had been paid for this date of injury prior to the settlement. If required by the jurisdiction, the Award/Order Date and Lump Sum Payment/Settlement Code would be sent.

Examples include a settlement with no dollars being paid due to waiver of a lien or forgiveness of overpayment.

R = Reclassification of Benefit

Indemnity benefits paid on this claim have been fully or partially reclassified to a different Benefit Type Code than was previously reported.

DP Rule: The presence of code "R" means that a Benefits segment is always present but the Benefit Type Amount Paid for one or more Benefit Type Codes (and any corresponding ACR Amount(s)) that were previously reported may be either reduced or removed. The total of all benefit type amounts paid will not be less than the total amount of all benefit type amounts paid that were previously reported, less any recoveries. A reduced benefit amount code R will never be allowed on the first SROI MTC reporting any indemnity benefits. Once a Reduced Benefit Amount Code "R" has been reported on a trailing SROI (after the first MTC reporting indemnity benefits), this value will always remain on each future transaction.

S = Claim Settled Under Another DOI

A lump sum settlement covered multiple dates of injury, including this case, and the settlement amount was reported on a different date of injury.

DP Rule: Must initially be reported on a PY, UR, SU, or AC. If a jurisdiction does not accept one of these MTC's, they must accept RBAC Code S on a periodic MTC or an FN. The presence of code "S" means

that a "Payments" segment will not be present on the transaction and a Benefits segment will only be present on the transaction if indemnity benefits had been paid for this date of injury prior to the settlement. The exception would be the presence of a Payment segment on MTC SU, but the Payment segment must be ignored by the jurisdiction per the MTC SU rules in Section 4. If required by the jurisdiction, the Award/Order Dates and Lump Sum Payment/Settlement Codes would be the same for all files settled under one amount/date of injury. The Jurisdiction Claim Number-Related may be required to identify the claim on which the settlement was paid. The total of all benefit type amounts paid will not be less than the total amount of all benefit type amounts paid that were previously reported, less any recoveries. Once a Reduced Benefit Amount Code "S" has been reported, this value will always remain on each future transaction, unless reported in error and removed with MTC 02 and Change Reason Code R - Remove.

122. SENDER ID – DN0098

Definition: Composition or group level comprised of Sender FEIN (Primary FEIN of the sending party), Filler, and Sender Postal Code (Primary Postal Code of the sending party).
Orig/Rev: 08/18/94
Record: HD1
Format: Sender FEIN 9
A/N Filler 7 A/N
Sender Postal Code 9 A/N

123. RECEIVER ID – DN0099

Definition: A composite or group level comprised of Receiver FEIN (Primary FEIN of the receiving party), Filler, and Receiver Postal Code (Primary Postal Code of the receiving party).
Orig/Rev: 08/18/94,
07/01/97 Record: HD1
Format: Receiver FEIN 9
A/N Filler 7 A/N
Receiver Postal Code 9 A/N

124. DATE TRANSMISSION SENT – DN0100

Definition: Actual date the batch of data was sent to the
receiver. Orig/Rev: 06/07/95, 07/01/97, 05/25/04
Record:
HD
1 Format: 8 DATE

125. ORIGINAL TRANSMISSION DATE – DN0102

Definition: The value obtained from the Date Transmission Sent (DN0100) from the originating batch header record. This field should only be populated on the acknowledgment (AKC or ARC) batch header to allow a receiving party the ability to match back to the original batch file for reconciliation purposes. It is used in conjunction with the Original Transmission Time field in the acknowledgment process.
Orig/Rev: 08/19/94, 07/01/97, 07/12/02,
05/12/06 Record: HD1 (of AKC or ARC only)
Format: 8 DATE

126. ORIGINAL TRANSMISSION TIME – DN0103

Definition: The value obtained from the Time Transmission Sent (DN0101) from the originating batch header record. This field should only be populated on the acknowledgment (AKC or ARC) batch header to allow the receiving party the ability to match back to the original batch file for reconciliation purposes. It is used in conjunction with the Original Transmission Date field in the acknowledgment process.
Orig/Rev: 08/19/94, 07/01/97, 07/12/02,
05/12/06 Record: HD1 (of AKC or ARC only)
Format: 6 TIME

127. TEST/PRODUCTION CODE – DN0104

Definition: Reflects an EDI participation status for specific transaction. It indicates whether the transaction being sent is being targeted to a receiver's "production" or "test" system. Transactions performed while under "parallel" status should have the "test" indicator set.
Orig/Rev: 08/18/94, 07/01/97,
5/16/03 Record: HD1
Format: 1 A/N
Values: **P = Production**
T = Test (Pilot parallel or Test)
Tech Note: This flag is set at the batch header level in the HD1. Therefore, all transactions within a batch must be at the same test/production level.

128. INTERCHANGE VERSION ID – DN0105

Definition: A composite field comprised of a batch type (positions 1-3), release number (position 4), and version number (position 5). Interchange Version ID is a data element located in the header record (HD1). It is used to identify the batch type, release, and version of the transactions contained within the batch following the HD1 header through the trailer record (TR2). Batch type designates the type of transactions within a batch. Release number identifies the release level of the data of the record layout contained in the detail record that follow. Version number identifies the version level of the release.
Orig/Rev: 07/01/97, 12/31/02, 05/27/03,
08/15/17 Record: HD1
Format: Batch Type 3 A/N
Release Number 1
A/N Version Number
1 A/N
Values: **14831 = First Report of Injury; Release 3.1, Version 0**
A4931 = Subsequent Report of Injury; Release 3.1, Version 0
AKC31 = Claims Acknowledgment Detail Record; Release 3.1, Version 0
ARC31 = Claims Re-Acknowledgment Detail Record, Release 3.1, Version 0

129. DETAIL RECORD COUNT – DN0106

Definition: Total number of records sent as part of this batch. This count represents the number of records where the Transaction Set ID is not equal to HD1 or TR2.
Orig/Rev: 08/18/94, 07/01/97,
05/13/11 Record: TR2
Format: 9 N

130. TRANSACTION COUNT – DN0191

Definition: Total number of transactions sent as part of the batch. See definition of "transaction"
in Section 2-1, "Components of the IAIABC Transmissions".
Orig/Rev: 07/01/97, 07/12/02,
05/13/11 Record: TR2
Format: 9 N

131. TIME TRANSMISSION SENT – DN0101

Definition: The time the sender prepared the batch file for transmission. Together with the Date Transmission Sent, will uniquely identify a specific transmission batch.
Orig/Rev: 08/09/95,
07/01/97 Record: HD1
Format: 6 TIME

132. LATEST RTW STATUS DATE – DN0072 (formerly Current Return to Work and Latest Return to Work Status Date – DN0072)

Definition: The most recent date on which:

- The employee actually returned to work, or was released to return to work, as identified by the Return to Work Type Code (DN0189), OR
- Physical restrictions changed as reported with the Physical Restrictions Indicator (DN0224), OR
- Any change occurs to the Latest RTW with Same Employer Indicator (DN0408), OR
- Any combination of changes to the Latest RTW Type Code (DN0406), Latest RTW Physical Restrictions Indicator (DN0407), and/or Latest RTW with Same Employer (DN0408)..

Orig/Rev: (formerly Current Return to Work Date and Latest RTW/Status Date), 02/07/13,
08/15/17

Record: R21; A49

Format: 8 DATE

DP Rule: This date must be after the Initial Return to Work Date (DN0068) and can be prior to a Current Date Disability Began (DN0144). The Latest RTW Status Date is not tied to a subsequent period of disability and therefore should not be edited against Current Date Disability Began (DN0144) or Current Date Last Day Worked (DN0145).